## 540893

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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Gemini Imprint Corporation  (Name of Corporation)				
(C. Mario V. Golffermon)				
DOCUMENT NUMBER: S40893				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Trease tetain an correspondence concerning and matter to the tenewing.				
R. Bruce McManus				
(Name of Contact Person)				
McManus & McManus, P.A.				
McManus & McManus, P.A.  (Firm/Company)				
79 Overbrook Blvd.				
(Address)				
Largo, Florida 33770				
Largo, Florida 33770 (City/State and Zip Code)				
For further information concerning this matter, please call:				
R. Bruce McManus 584-2128				
R. Bruce McManus at (727) 584-2128  (Name of Contact Person) (Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address:				
Mailing Address: Amendment Section  Street Address: Amendment Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	nange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of Florida	1
in ord	der to change its regi <u>s</u> tered office or	registered agent, or both, in the State of Florida.	•
1. The name of	f the corporation: Gemini Imprint Co	rporation	<u> </u>
2. The principa	al office address: 220 13th Street S.W.	V., Unit 28/29	
	Largo, Florida 3377	0	<u>, , , , , , , , , , , , , , , , , , , </u>
3. The mailing	address (if different): P.O. Box 191		<u> </u>
<del></del> -	Largo, Florida		
4. Date of incom	rporation/qualification: 3/25/1991	Document number: S40893	
	nd street address of the current regist artment of State:	tered agent and registered office on file with the	
	James E. Hannon		FU 8
	1070 2nd Street S.W.		HR2
	Largo, Florida 33770		DE S
6. The name an (if changed):	:	ed agent (if changed) and /or registered office	OF STATE
	Robert Resetar		
	1540 Virginia Lee Circle		
	(P.O. Box NOT ac	ceptable)	
	Brooksville, Florida 34602		<u> </u>
The street addr as changed wil	ress of its registered office and the li be identical.	street address of the business office of its regis	stered agent,
Such change way authorized by t	vas authorized by resolution duly a the board, or the corporation has be	dopted by its board of directors or by an office een notified in writing of the change.	r so
anne !	E. Harrion	James E. Hannon, Director	
(Signal	ntury of an officer or director)	(Printed or typed name and title)	
of my auties, as document is be corporation ha Robert Res	tha I am familiar with and accept to eing filed merely to reflect a change as been notified in writing of this cosetar	rent and agree to act in this capacity. Ill statutes relative to the proper and complete the obligation of my position as registered agency in the registered office address, I hereby contained.  April 19, 2006	performance it. Or, if this firm that the
(S	Signature of Registered Agent)	(Date)	
If signing on b	pehalf of an entity:		
Gemini Imprint	<u> </u>	• T	
(	(Typed or Printed Name)		

\* \* \* FILING FEE: \$35.00 \* \* \*