PRINT CRAFT 7/21/00 Via Stifiel M: 199 320 0003 6173 3797

Carol Mustain, Corporate Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Ms. Mustain:

dated 6/12/00.

900003336529--8 -07/26/00--01001--015 *****35.00.*****35.00

Enclosed is our check #5701 for \$35.00 together with the Statement of Change of Registered Office/Agent.

As for the document number, I believe that is the same as the reference number on your letter dated 6/12/200 (see the enclosed copy). If not, please let me know.

Thank you for your assistance in this matter.

Sincerely,

Robin Lumb, Vice President
Printcraft Printing Centers of North Fighthat In

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ECRETARY OF S
LAHASSEE, FL

Enclosures: \$35.00 check, above referenced Statement of Change and letter

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

Pursuant to the pr	rovisions of sections 607.0502, 617.0502, 607.1	<i>'508, or 617.1508, Florida St</i> - Florîda	atutes, the
undersigned corpo	oration organized under the laws of the State of ing statement in order to change its registered o	office or registered agent, or b	oth, in the
suomus the jouow State of Florida.	ing butterness as crosses we assume the		
1. The name of the	e corporation: PrintCraft Printing Cen	ters of North Florida,	Inc.
2. The mailing add	dress of the corporation: 1049 Kings Ave. Jacksonville, Fl		
			· · · · · · ·
3. Date of incorpo	oration/qualification: 12/9/	Document number:	7266
4. The name and a	address of the current registered agent and regist	ered office:	
	Charles Rocker		
	2919 Santiago St.	SECT.	8
	Tampa, FL 33629	HAS	
5. The name and	address of the new registered agent (if changed)	and /or registered office (if ch	anged):
	Robin Lumb		% D
	2164-2 Gilmore Street		55
_	Jacksonville, FL 32204	>	
The street addres	ss of its registered office and the street address d, will be identical.	s of the business office of its	registered
Such change was authorized by the	s authorized by resolution duly adopted by its board.	board of directors or by an o	officer so
(Signature o	f an officer, chairman or vice chairman of the board)		
KODIN L	umb, Vice President (Printed or typed name and title)	· • •	
corporation, I he I further agree to performance of to registered agent	ned as registered agent and to accept service ereby accept the appointment as registered ag o comply with the provisions offall statutes re my duties, and I am familiar with and accept t	ent and agree to act in this c lative to the proper and com	apacny. olete as
If signing on behalf	f of an entity:		
(T	yped or Printed Name)	(Capacity)	
	* * * FILING FEE: \$35.00	***	

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