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Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000923 Phone

: (512)418-6949

: (954)208-0845 Fax Number

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REGISTERED AGENT CHANGE CADMUS JOURNAL SERVICES, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations		
CHDI	CADMUS JOURNAL SERVICES, INC.		
SOB9.	Name of C	Corporation	
DOCU	F13000000248 JMENT NUMBER:		
The en	closed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter	er to the following:	
	· · ·	•	
	Name of Co	ntact Person	
	Firm/Company		
Address			
	City/State and Zip Code		
	E-mail address: (to be used for f	uture annual report notification)	
	•		
For fur	ther information concerning this matter, please	call:	
	Name of Contact Person	at () Area Code & Daytime Telephone Number	
		,	
Enclose	ed is a \$35.00 check made payable to the Depar	tment of State.	
	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	
		Tallahassee, FL 32301	

CR2E045 (03/12)

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

BOTH FOR COM
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, to the State of Virginia statement of change is submitted for a corporation organized under the laws of the State of Florida.
in order to change its registered office of registered to
CADMUS JOURNAL SERVICES, INC.
200 First Stamford Place, STAMFORD, CT 06902
2. The principal office address: 200 First Stamford Place, STAMFORD, CT 06902
2. The principal office address:
3. The mailing address (if different):
20000348
4. Date of incorporation/qualification: 01/16/2013 Document number: F13000000248
4. Date of incorporation/qualification:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
1201 HAYS ST TALLAHASSEE, FL 32301
1201 HAYSSI TABBARASSEE, 120200
and for registered office;
6. The name and street address of the new registered agent (if changed) and /or registered office -
(if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Bux NOT acceptable
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent.
The street address of its registered office and the street address of the occur. as changed will be identical.
Such above an enthant Library resolution duly adopted by its board of directors or by an officer so
as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so such change was authorized by the board of the corporation has been notified in writing of the change.
Jennifer Kurz, Secretary Frinted or typed neare and title
Signature of an afficer or director
I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree of comply with the provisions of all statutes relative to the proper and complete I further agree of comply with the provisions of all statutes relative to the proper and complete I further agree of comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered office address, I agent. Or, if this document is being filed merely to reflect a change in the registered office address, I agent. Or, if this document is being filed merely to reflect a change in the corporation has been notified in writing of this change.
12/15/2017
By: Date Signature of Registered Agent
If signing on behalf of an entity: Kristin Bolden
Assistant Secretary
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2EO 45 (03/12)