## H0900003048

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #1)			
(On	.y/O.ca.co/2.ip/1 11011	<i></i>			
PICK-UP	MAIT	MAIL			
_					
(Bu	isiness Entity Na	me)			
(Document Number)					
•					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



100267235351

01/20/15--01053--011 \*\*25.00

15 JAN 20 AM 9: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UAN 23 2015 T. CARTER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: January 16, 2015

Order#: 449240-074

Re: BOSTITCH-HOLDING, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: BOSTITCH-HOL	DING, L.L.C.	
2.	(a)	1000 Stanley Drive	_ (b)	
	(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		New Britain C1 06053		
		08/06/2009	M090	000003048
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	C T CORPORATION SYSTEM		
	(-)	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. o	f State:
		1200 SOUTH PINE ISLAND ROAD		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>
				-
		PLANTATION , FL	33324	SECRETAR ALLAHASS 15 JAN 20
	(b)	Corporation Service Company		FIL ARR 188
		Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	A E E E
				SIA) FLORI
		1201 Hays Street	· · · · · · · · · · · · · · · · · · ·	
		NEW Registered Office Address:		A
				<del></del>
		Tallahassee ,FL	32301	
the	e cha ent w is/we artic	mited liability company is not organized under the lawinge or changes are made, the Florida street address of total be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member or authorized representative of a member are accept the appointment as registered agent and agree	he registered of pility company the limited lia imited liability Dona Prieb	office and the business office of the registered r, it is hereby confirmed that the change(s) ability company or as otherwise provided in recompany.  Dee, Authorized Person  Printed or typed name of signee
pr the to	ovisie e obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	e to act in this performance of for in Chapter ereby confirm	capacity. I juriner agree to comply with the finy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
Ši	gnatur	re of Registered Agent Corporation Service Company	BY: Grace E	. Kirby, Asst. Vice President

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00