To: Page 2 of 4

12/18/2017



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

S TALLENT

DEC 20 2017

REGISTERED AGENT CHANGE VAUGHAN PRINTERS INCORPORATED

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBI	VAUGHAN PRINTERS INCORPORATED ECT:	
20.30	Name of C	orporation
DOCT	UMENT NUMBER:	
The er	nclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Picase	return all correspondence concerning this matter	r to the following:
	Name of Cor	ntaci Person
	Firm/Co	mpany
	Addr	ess
	City/State and	d Zip Code
	E-mail address: (to be used for fu	ture annual report notification)
For fun	ther information concerning this matter, please co	ail:
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the Departm	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut unge is submitted for a corporation organized under the laws of the State of Florid or to change its registered office or registered agent, or both, in the State of Florid	8	_
1 The name of	the corporation: VAUGHAN PRINTERS INCORPORATED		
	office address: 200 First Stamford Place STAMFORD, CT 06902		-
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 05/22/1961 Document number: 247731		
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	;	
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET TALLAHASSEE, FL 32301		17
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed): C T Corporation System		CERTIFICATION TO	DEC 19 AH
	c/o C T Corporation System, 1200 South Pine Island Road	₽	မွှ ယ
	P.O. Box NOT acceptable	7	ဌ
	Plantation, Florida 33324		
	ss of its registered office and the street address of the business office of its regis be identical. s authorized by resolution duly adopted by its board of directors or by an officer e board, dry the corporation has been notified in writing of the change.		nt,
Signation .	Jennifer Kurz, Secretary Finised or typed name and title		-
•	hy appointment as registered agent and agree to act in this capacity. of appointment as registered agent and agree to act in this capacity. Of all statutes relative to the proper and complete by thites, and I am familiar with and accept the obligation of my position as rest document is being filed merely to reflect a change in the registered office addribut the corporation has been notified in writing of this change.	zistered ess, I	
	12/15/2017		
Sign If signing on bel	Kristin Bolden Assistant Secretary		
· · · · · · · · · · · · · · · · · · ·	ped 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 CR2E045 (03/12)