839235

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
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RA Charge

> DEFAIL STOLATE DIVISION OF CONPORATION TALL AMASSEE, FLORIDA

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ACCOUNT NO. : I2000000195

REFERENCE : 982337

7840652

AUTHORIZATION :

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COST LIMIT : \$ 35.00

ORDER DATE: November 16, 2011

ORDER TIME : 9:37 AM

ORDER NO. : 982337-090

CUSTOMER NO: 7840652

CHANGE OF AGENT

NAME: NEOPOST USA INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of che	ange is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware registered agent, or both, in the State of Florida.	
1. The name of	the corporation: NEOPOST USA	INC.	
2. The principal	office address: 478 Wheelers Far	rms Road, Milford, CT 06461	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/03/1977	Document number: 839235	
	d street address of the current registertment of State:	ered agent and registered office on file with the	
	NRAI Services, Inc.		
	2731 Executive Park Dr Ste 4		
	Tallahassee Fl 32301		
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	41
	Corporation Service Company	, SS SS	m
	1201 Hays Street	mg 3	((
	(P.O. Box NOT acco	eptable)	<u>်</u> ည
	Tallahassee, FL 32301		•
The street address changed will	ess of its registered office and the s	street address of the business office of its registered agent,	
Such change wathorized by the	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.	
Ma	cere Cather	Maureen Cathell	
I hereby accept I further agree of my duties, an document is bel corporation ha	the appointment as registered age to comply with the provisions of all all am familiar with and accept thing filed merely to reflect a change is been notified in writing of this chool Scrvice Company	(Printed or typed name and title) ent and agree to act in this capacity. It statutes relative to the proper and complete performance we obligation of my position as registered agent. Or, if this win the registered office address, I hereby confirm that the ange.	2 S
By: ≤	gnaphr of Registered Agent)	11/15/2011 (Date)	
	chalf of an entity:	(Dail)	
Sylvia Quepp	·		
	Typed or Printed Name)		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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