## F00 000000 1088

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 17, 2020

Order#: 508276-112

Re: GANNETT RIVER STATES PUBLISHING CORPORATION

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

 $\overline{XX}$  Check in the amount of \$35 \_.

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: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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 CORPORATIONS

statement of cha	nge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statut anized under the laws of the State of <u>Arka</u> stered agent, or both, in the State of Florid	nsas
1. The name of t	he comporation: GANNETT RIVER ST.	ATES PUBLISHING CORPORATION	
	office address: 7950 Jones Branch Dr		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification:02/29/2000	Document number: F000000010	88
	street address of the current registered tment of State: (If resigned, enter resigned)	agent and registered office on file with the ned)	:
	C T Corporation System		267.
	1200 South Pine Island Road		
	Plantation	FL 33324	<del>\(\frac{1}{2}\)</del>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			F:: 2: 2
	Corporation Service Company		1.6
	1201 Hays Street		
		Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the stree be identical.	et address of the business office of its reg	istered agent,
Such change wa authorized by th	is authorized by resolution duly adopt ne board, or the corporation has been r	ed by its board of directors or by an offic notified in writing of the change.	er so
X	e E agnie	Jill Cilmi, Vice President	
Signatur	re of an officer or director	Printed or typed name and title	
I further agree to of my duties, an document is being corporation has	the appointment as registered agent a to comply with the provisions of all sto d I am familiar with and accept the of ng filed merely to reflect a change in to been notified in writing of this chang n Service Company	atutes relative to the proper and complete bligation of my position as registered age the registered office address. I hereby co	e performance nt. Or if this afirm that the
Ву:	einlei	11/16/2020	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President		
•	•	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)