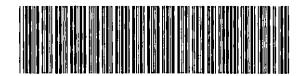
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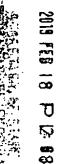
| (Re                                     | equestor's Name)   |             |  |
|---|--------------------|-------------|--|
| (Ac                                     | ddress)            |             |  |
| (Ac                                     | ddress)            | <del></del> |  |
| (Ci                                     | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |
| (Bı                                     | usiness Entity Nan | ne)         |  |
| (Document Number)                       |                    |             |  |
| Certified Copies                        | _ Certificates     | s of Status |  |
| Special Instructions to Filing Officer: |                    |             |  |
|   |                    |             |  |
|   |                    |             |  |
|   |                    |             |  |
|   | _                  |             |  |

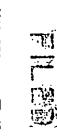




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CSC - WILMINGTON · 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: February 14, 2019

Order#: 597426-041

Re: BROADRIDGE OUTPUT SOLUTIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Soraya Sariaslani

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  | inge is submitted for a corporatio  | 617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of DE or registered agent, or both, in the State of Florida.   |  |
|---|---|---|--|
| 1. The name of t  | he corporation: BROADRIDGE C  | DUTPUT SOLUTIONS, INC.  |  |
| 2. The principal<br>Newark, NJ  | office address: 2 Gateway Center 07102  | er, 283-299 Market Street, ATT:CORPORATE TAX DEPT   |  |
| 3. The mailing a  |   |   |  |
| 4. Date of incorp   | poration/qualification: 10/17/200   | Document number: F01000005525   |  |
|   | I street address of the current regitment of State: (If resigned, enter                                       | istered agent and registered office on file with the resigned)  |  |
|   | NRAI SERVICES, INC  |   |  |
|   | 1200 South Pine Island Road   |   |  |
|   | Plantation, FL 33324  |   |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |   |   |  |
|   | Corporation Service Company 1201 Hays Street  | 97 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  |  |
|   |   | Box NOT acceptable  |  |
|   | Tallahassee   | FL 32301  |  |
| The street addre as changed will  | ss of its registered office and the<br>be identical.  | e street address of the business office of its registered agent,  |  |
| Such change was<br>authorized by th   | s authorized by resolution duly a<br>e board, or the corporation has t  | adopted by its board of directors or by an officer so been notified in writing of the change.   |  |
|   | ee E agni   | Jill Cilmi, Vice President  |  |
| I further agree t<br>performance of a<br>gent. Or, if thi<br>hereby confirm i                                   | )<br>the appointment as registered as<br>o comply with the provisions of<br>my duties, and I am familiar with | Printed or typed name and title  gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I otified in writing of this change. |  |
| By: Y)  | ature of Registered Agent   | 02/13/2019  |  |
| If signing on bel   | `   | · or  |  |
| Grace E. Kirby,   | Assistant Vice President  |   |  |
| Tv  | ped or Printed Name   | •   |  |

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