Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170003312473)))



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To:

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:_____

REGISTERED AGENT CHANGE NASHUA CORPORATION

Certificate of Status	0
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	NASHUA CORPORATION	
SOLO	Name of C	Corporation
DOC	F02000004880 JMENT NUMBER:	
The er	closed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matte	er to the following:
	Name of Co	ntact Person
	Firm/C	ompany
	Add	Iress
City/State and Zip Code		
	E-mail address: (to be used for f	uture annual report notification)
For fu	ther information concerning this matter, please	call:
		ot /
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Depar	tment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	ranghassee, FL 32314	Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of MA	
		registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: NASHUA CORPOR	RATION	_
2. The principal	office address: C/O CENVEO COR	P. 200 First Stamford Place STAMFORD, CT 06902	
3. The mailing a	ddress (If different):		_
4. Date of incorp	poration/qualification: 09/25/2002	Document number: F02000004880	_
5. The name and		ered agent and registered office on file with the	
	CORPORATION SERVICE COMP	ANY	
	1201 HAYS STREET TALLAHASS	SEE, FL 32301	
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office	•
	c/o C T Corporation System, 1200 Se	outh Pine Island Road	r
	P.O. Ba Plantation, Florida 33324	x NOT acceptable	-
as changed will	be identical./	street address of the business office of its registered agent,	_
Such change was authorized by th	s authorized by resolution duly ad e beard of the corporation has be	opted by its board of directors or by an officer so en notified in writing of the change.	
Signatur	e of in officer or director	Jennifer Kurz, Secretary Printed or typed name and title	
l hereby accept I further agree performance of	the appointment as registered age omply with the provisions of all my duties, and I am familiar with	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fled in writing of this change.	
By: W	A BOUL	12/15/2017	
If signing on bel	nalf of an entity: Kristin Bolden Assistant Secretary Printed Name	Date	

* * * 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)