F040000 3272

(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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2019 APR -8 PM 6: 06

C. GOLDEN APR 1 5 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: April 4, 2019

Order#: 682391-007

Re: SCREENVISION DIRECT, 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: Ashley Seeman 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	ange is submitted for a corpord	12, 617.0502, 607.1508, or 617.1508, Florid ation organized under the laws of the State o se or registered agent, or both, in the State o	NY	
1. The name of	the corporation: SCREENVISI	ON DIRECT, INC.		
2. The principal				
3. The mailing a	address (if different):			
4. Date of incorp	0003372			
	I street address of the current r timent of State: (If resigned, er	registered agent and registered office on file interresigned)	with the	
	COGENCY GLOBAL INC.			
115 NORTH CALHOUN STREET STE 4			20	
	TALLAHASSEE	FL 32301	2019 APR	-77
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):			. 1	
	Corporation Service Compar	пу	<u> </u>	
	1201 Hays Street		06	
	T-11-1			
	Tallahassee	FL 32301	_	
The street addre as changed will	ss of its registered office and be identical.	the street address of the business office of	its registered age	nt,
Such change wa authorized by th	s authorized by resolution dule board, or the corporation ha	ly adopted by its board of directors or by ar is been notified in writing of the change.	officer so	
X.	el E. agni	Jill Cilmi, Vice President		
(~)	e of an officer or director	Printed or typed name and to	itie	-
1 jurther agree t performance of t agent. Or, if thi hereby confirm t	o comply with the provisions i my duties, and I am familiar v s document is being filed mer	l agent and agree to act in this capacity. of all statutes relative to the proper and coi vith and accept the obligation of my positio elv to reflect a change in the regisiered offi notified in writing of this change.	m me rometorod	
By: I) N	ace Cokuble	03/19/2019		_
Sign	nature of Registered Agent	Date		-
lf signing on bel	nalf of an entity:			
Grace E. Kirby,	Asst. Vice President			
Ty	ped or Printed Name			

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