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(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





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10/10/19--01022--029 **25.00

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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: October 8, 2019

Order#: 929194-023

Re: BUNZL DISTRIBUTION MIDCENTRAL, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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	inge is submitted for a corporation	on organized under the laws of the State of Missouri	
		or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: BUNZL DISTRIE	BUTION MIDCENTRAL, INC.	
2. The principal	office address:One Cityplace D	rive, Suite 200, St. Louis, MO 63141	
3. The mailing a	ddress (if different):	· · · · · · · · · · · · · · · · · · ·	
4. Date of incorp	poration/qualification: 10/21/200	Document number: F09000004160	
	I street address of the current regi tment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	Corporate Creations Network, 1	nc.	
	11380 Prosperity Farms Road,	#221E	
	Palm Beach Gardens	FL 33410	
6. The name and (if changed):	I street address of the new registe	#221E FL 33410 red agent (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
	P.O. Box. NOT acceptable		
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent.	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has l	adopted by its board of directors or by an officer so been notified in writing of the change.	
Xiel	2 agnie	Jill Cilmi, Authorized Person	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of my duties, and I am familiar wit	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 v to reflect a change in the registered office address, I otified in writing of this change.	
By: Cli	nature of Registered Agent	10/08/2019	
	half of an entity:	17430	
Ami M. Casper,	, Asst. Vice President		
T	yped or Printed Name	-	

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