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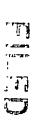
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington , De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 6, 2019

Order#: 031249-324

Re: THE STAPLES GROUP, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 \_\_.

Please take the following action:

 $XX_{\underline{}}$  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 corpor	cation organized under the laws of the State of Delaware coor registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: THE STAPL	ES GROUP, INC.	
2. The principal	office address: 500 Staples	Drive, Framingham, MA 01702	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/07	/2011 Document number: F1100000094	
	I street address of the current trment of State: (If resigned, o	registered agent and registered office on file with the enter resigned)	
	C T Corporation System	~~	
	1200 South Pine Island Roa	ad 19	
	Plantation	FL 33324	
6. The name and (if changed):	I street address of the new re	gistered agent (if changed) and /or registered office	
	Corporation Service Compa	any right of	
	1201 Hays Street		
P.O Box NOT acceptable			
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office an be identical.	d the street address of the business office of its registered agent,	
Such change wa	as authorized by resolution d ne board, or the corporation	luly adopted by its board of directors or by an officer so has been notified in writing of the change.	
Xie 8	Jill Cilmi, Vice President		
Signatu	Signature of an officer or director Printed or typed name and title		
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provision my duties, and I am familia	ed agent and agree to act in this capacity. as of all statutes relative to the proper and complete r with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I en notified in writing of this change.	
By: Cei	mley	11/05/2019	
· ·	nature of Registered Agent	Date	
	half of an entity:		
	, Asst. Vice President		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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