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CORPORATION SERVICE COMPANY

ACCOUNT	NO.	:	120000000195
TCCCOTIT	_,	•	

REFERENCE : 404626 7513392

AUTHORIZATION :

COST LIMIT

ORDER DATE: November 1, 2012

ORDER TIME : 10:51 AM

ORDER NO. : 404626-127

CUSTOMER NO: 7513392

CHANGE OF AGENT

NAME: MADISON/GRAHAM COLORGRAPHICS,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

4	•	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of California		
		red agent, or both, in the State of Florida.		
1. The name of the	e corporation: MADISON/GRAHAM	I COLORGRAPHICS, INC.		
2. The principal of	ffice address: c/o Cenvep 201 Broa	d St, One Canterbury Green,		
Stamford, C				
3. The mailing add Stamford,		Broad St, One Canterbury Green,		
4. Date of incorpo	ration/qualification: 10/11/2011	Document number: F11000004070		
	treet address of the current registered agnent of State: (If resigned, enter resigned			
C	C T Corporation System	THE REPORT OF TH		
	1200 South Pine Island Road	ASSEE.		
F	Plantation, FL 33324	STA 3: 3		
6. The name and s (if changed):	street address of the new registered agen	it (if changed) and /or registered office		
	Corporation Service Company			
1201 Hays Street				
P.O. Box NOT acceptable				
_	Tallahassee, FL 32301			
The street address as changed will be	s of its registered office and the street a e identical.	address of the business office of its registered agent,		
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.		
Signature	of an officer or director	Maureen Cathell, Vice President Printed or typed name and title		
I hereby accept the I further agree to performance of magent. Or, if this hereby confirm the	ne appointment as registered agent and comply with the provisions of all statu by duties, and I am familiar with and ac	ites relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I		
By: S	Luna	October 31, 2012		
Signal	dre of Regis ded Agent	Date		
If signing on beha	alf of an entity:			
	et, 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 * * *