Division of Corporations Electronic Filing Cover Sheet

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(((H15000200756 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

AUG 20 2015

Account Number : FCA000000023 : (850)205-8842 Phone Fax Number : (850)878-5368

R. WHITE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Account Name ; C T CORPORATION SYSTEM

Email Address:

REGISTERED AGENT CHANGE MLEX US, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

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Corporate Filing Menu

Help

COVER LETTER

14

TO:	Amendment Section Division of Corporations				
SUBJ	RCT: MLEX US, Inc.				
2020	Name of Corporation				
DOC	F13000004278 UMENT NUMBER:				
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
	return all correspondence concerning this matter to the following:				
	Renee Simonton				
	Name of Contact Person				
,	Reed Elsevier - RELX				
Firm/Company					
1 105 North Market Street, Suite 501					
	Address				
Wilmington, DE 19801					
City/State and Zip Code					
rence.simonton@relx.com					
	E-mail address: (to be used for future annual report notification)				
For fu	rther information concerning this matter, please call:				
Rence	Simonton 302 884 831 I				
	Name of Contact Person Area Code & Daytime Telephone Number				
Enclos	sed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Street Address: Amendment Section Amendment Section				
	Division of Corporations Division of Corporations				
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
	Taliahassee, FL 32301				

CR2E045 (03/12)

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

statement of change i	isions of sections 607.0502, 617.0502, 607.150 is submitted for a corporation organized under	the laws of the State of Delaware	<u> </u>
	change its registered office or registered agent,	, ar both, in the State of Florida.	
2. The principal office	ce address: 1776 I (Eye) St. NW, Washington, DC	20006	
3. The mailing addre	ss (if different): 1105 North Market Street, Suite	501, Wilmington, DE 19801	
4. Date of incorporat	ion/qualification; 10/02/2013 Doc	urnent number: F13000004278	
	et address of the current registered agent and not of State: (If resigned, enter resigned)		
COI	RPORATION SERVICE COMPANY	_	
120	I HAYS STREET		
TAI	LLAHASSEE, FL 32301-2525	A Section 1	15
6. The name and stree (if changed):	ect address of the new registered agent (if change	ged) and /or registered office	#UG 19
ст	Corporation System		
cla	C T Corporation System, 1200 South Pine Island I	Road	<u>ب</u>
Plan	P.O. Box NOT occeptable neation, Florida 33324		39
The street address o	f its registered office and the street address of dentical.	f the business office of its registered ag	ent,
Such change was au authorized by the bo	athorized by resolution duly adopted by its bootont, or the corporation has been notified in w	ard of directors or by an officer so riting of the change.	
Bull	\sim	monton, Vice President	_
	appointment as registered agent and agree to imply with the provisions of all statutes relati duliss, and I am familiar with and accept the ecument is being filed merely to reflect a chan the compression has been notified in writing t	oct in this copacity, ve to the proper and complete obligation of my position as registered ge in the registered office andress, I of this change.	r
By errora	tion System C	18/19/2015 Date	_
If signing on behalf			

* * * 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)