F150000005260

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| <u></u> | | |
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | · #) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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Office Use Only



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11/19/20--01007--015 ++35.00







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 17, 2020

Order#: 508276-289

Re: THE COURIER-JOURNAL, INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.

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 | nge is submitted for a corporation | 517.0502, 607.1508, or 617.1508, Florida Stat n organized under the laws of the State of <u>De</u> r registered agent, or both, in the State of Flor | elaware | |
|---|--|---|-----------------|--|
| 1 The name of t | the corporation: THE COURIER- | JOURNAL, INC. | | |
| 2. The principal | office address: 7950 Jones Brand | ch Drive, McLean, VA 22107 | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incom | poration/qualification:11/30/20 | Document number: F15000005 | 5260 | |
| 5. The name and | | stered agent and registered office on file with t | | |
| | C T Corporation System | | | |
| | 1200 South Pine Island Road | | | |
| | Plantation | FL 33324 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered of (if changed): | | | 5 | |
| | Corporation Service Company | | • | |
| | 1201 Hays Street | | •• | |
| | P.O. Box NOT acceptable | | | |
| | Tailahassee | 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 re | gistered agent. | |
| Such change wa authorized by th | as authorized by resolution duly and board, or the corporation has b | adopted by its board of directors or by an off been notified in writing of the change. | icer so | |
| ~Xe | e & Gome | Jill Cilmi, Vice President | | |
| I further ugree of my duties, and document is being corporation has | to comply with the provisions of a nd I am familiar with and accept : | Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and comple the obligation of my position as registered age in the registered office address, I hereby c change. | gent Or it this | |
| By: | e i M Lei | 11/16/2020 | | |
| | nature of Registered Agent | Date | | |
| If signing on be | chalf of an entity: | | | |
| | Asst. Vice President yped or Printed Name | - | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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