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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:\_

## REGISTERED AGENT CHANGE LOBSTER INK US, INC.

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S. YOUNG

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

statement of cha	inge is submitted for a corporation orga	02, 607.1508, or 617.1508, Floridu Statutes, this nized under the laws of the State of Delawase tered agent, or both, in the State of Florida.		
1. The name of	the corporation: LOBSTER INK US, INC.	·		
2. The principal	office address: 222 BROADWAY, 24TH	FL NEW YORK, NY 10038		_
3. The mailing a	address (if different): 222 BROADWAY,	24TH FL NEW YORK, NY 10038		- 
4. Date of incon	poration/qualification: 05/16/2018	Document number: F18000002352		<del>-</del>
5. The name and		agent and registered office on file with the		
	CORPORATION SERVICE COMPANY			
	1201 HAYS STREET	: 52	a <b>19</b>	
	TALLAHASSEE, FL 32301-2525	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· AAA	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  CT Corporation System  c/o CT Corporation System, 1200 South Pine Island Road				
	C T Corporation System			-
	c/o C T Corporation System, 1200 South Pine Island Road			
	P.O. Box NOT Plantation, Florida 33324	acceptable		
The street addre	ss of its registered office and the street be identical.	address of the business office of its registered ap	gent,	
		by its board of directors or by an officer so lifted in writing of the change.		
David	F. Duvick	David F. Duck-Assistant Secret	<u>la</u> ny	
I further agree to performance of a gent. Or, if this hereby confirm t	s document is being filed merely to refle hat the corporation has been notified in	ites relative to the proper and complete ecept the obligation of my position as registered act a change in the registered office address. I	t	
C T Corp	oration System Kills Jamfry	3/26/2019		
	eture of Registered Agent	Date	_	
If signing on beh	alf of an entity:			
	Laughrey, Assistant Secretary			
Ту	ood or Printed Name * * * FILING FEI	E: \$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)