⊕ 09/23/2019 9:11 AM 9/23/2019

Division of Corporations **Electronic Filing Cover Sheet**

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(((H19000284291 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274

Fax Number

: (888)706-7274

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

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REGISTERED AGENT CHANGE CIRCULATION, INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Circulation, Inc.

Name of Corporation

DOCUMENT NUMBER: F1800000450

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd., Suite 300
Address
Austin, TX 78744
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

Name of Contact Person

at (888 705-7274)

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H190002842913

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

•	provisions of sections 607.0502, 617 inge is submitted for a corporation o				
•	r to change its registered office or re	-		•	
	the corporation: Circulation, I				
2. The principal	office address: 93 SUMMEF	R ST, 3	RD FL	OOR	
BOSTO	N, MA 02110	···			
3. The mailing a	ddress (if different):				
4. Date of incom	poration/qualification: 9/27/20	18	Document :	number: F180	000004505
	I street address of the current register rtment of State: (If resigned, enter res		nd registere	ed office on file v	vith the
	UNITED STATES CORE	PORATI	ON AG	ENTS, INC	
	13302 WINDING OAK COUP	RT,	SUITE	ĒΑ	SE
	ТАМРА		FL	33612	P 23
6. The name and (if changed):	street address of the new registered Registered Agent S		•	· ·	office THE SEC
	155 Office Plaza D		Suite A		
	Tallahassee P.O. Box	NOT acceptab	* 3230)1	- -
The street address changed will	ess of its registered office and the st be identical.	reet addres	s of the bu	siness office of i	its registered agent,
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has been	pted by its n notified i	board of d n writing o	lirectors or by an of the change.	officer so
/S/ Jeffrey	fellon re of an officer or director	<u>Jef</u>	frey Fe	elton	Authorized Person
I further agree is performance of agent. Or, if the	the appointment as registered agen to comply with the provisions of all my duties, and I am fumiliar with a is document is being filed merely to that the corporation has been notifi	statutes rei nd accept t reflect a ci	e to act in l lative to th he obligat hange in th	this capacity. e proper and col ion of my positio ne registered offi	mplete n as registered
Hode	main of Registered Agent	09/	23/201	19 Date	
If signing on be	half of an entity:				
	Hart - Assistant Secretary				
• ;	There is a tribute traine				