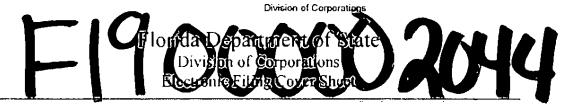
8/12/22, 12:11 PM

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 Fax Number

\*\*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 VESTCOM PARENT HOLDINGS, INC.

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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 organ	2, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of Delaware ered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Vestcom Parent Holdings.	Inc.	
2. The principal	office address: 8080 Norton Parkway, Mer	ntor. OH 44060	
3. The mailing a	ddress (if different):		<b>.</b>
4. Dateofincorp	oration/qualification: 04/18/2019	Document number: F19000002044	_
	d street address of the current registered a timent of State: (If resigned, enterresigne	gent and registered office on file with the d)	
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		
6. The name and (ifchanged):	d street address of the new registered ager	nt (if changed) and /or registered office	
	C T Corporation System	Y. S	20
	1200 South Pine Island Road		2022 AUG
	P.O. Box Plantation, Florida 33324	NOT acceptable	IG 12
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered agent.	AK II:
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so lifted in writing of the change.	: မှု
/s/ Joe Davis	5	JOE DAVIS/ SECRETARY	
Signatu	re of an officer or director	Printed or typed name and title	
I further agree i of my duties, an document is bei	the appointment as registered agent and to comply with the provisions of all stati d I am familiar with and accept the obli ng filed merely to reflect a change in the s been notified in writing of this change.	stes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address. Thereby confirm that the	e \$
C T Corporation	•	04/30/2022	
/s/ Michele Hol	Iden nature of Registered Agent	06/20/2022 Date	
If signing on be	half of an entity:		
Michele Holden			
Ty	ped or Printed Name		
	* * * FILING FE	F: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)