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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax-Number

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**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 CENVEO CORPORATION

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

COVER LETTER

TO: Amendment Se Division of Co					
SUBJECT:	CENVEO CORPO	RATION			
SUBJECT.	Name of C	orporation			
DOCUMENT NUMB	ER:F94	000000793			
The enclosed Statement	of Change of Registered Office	Agent and for are submitted for filing.			
	condence concerning this matter				
•					
•	Linda J.	Austin			
Name of Contact Person					
•					
-	Cenv	<u> </u>			
	Firm/Con	mpany			
	One Canterbury Green	n, 201 Broad Street			
· —	Addr	CSS			
		·			
•	Stamford, C	T 06901			
 -	City/State and	Zip Code			
	linda.austin@c	tnyeo.com			
E-m	_	ture annual report notification)			
	,	•			
For further information a	concerning this matter, please ca	dl:			
- 4		· · · · · · · · · · · · · · · · · · ·			
·		at (
Namo oi	Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 che	ck made payable to the Departu	ment of State.			
	Malling Address: Amendment Section	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			
		Tallahassee, FL 32301			

CR28045 (8/05)

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

statement of ch	ange is submitted for a co	rporation organiz	607,1508, or 617.1508, Fl ed under the laws of the St	tte of DB
	•		ed agent, or both, in the Sta	te of Florida.
1. The name of	the corporation: CENVEC	CORPORATION		
2. The principal STAMFORE		nterbury Gre	en, 201 broad street,	STH FLOOR
3. The mailing	eddress (if different):			
4. Date of incor	poration/qualification:	02/17/1994		194000000793
	d street address of the cun riment of State: (If resigna		nt and registered office on t	file with the
	CORPORATION SERVI	ICE COMPANY		·
	1201 HAYS STREET			
	TALLAHASSEE FL 323	01-2525		
6. The name and (if changed):	d street address of the new	v registered agent (if changed) and /or register	ed office
	C T Corporation System			
	c/o C T Corporation Syste	m, 1200 South Pin	s Island Road	
		P.O. Box NOT a	oceptable.	
	Plantation, Florida 33324			
	*		dress of the business offic	
Such change we authorized by the	is authorized by resolution board, or the corporation	on duly adopted b ion has been notif	y its board of directors or ied in writing of the chang	
Signati	of an officer or director	·	Jennifer Shande	· · · · · · · · · · · · · · · · · · ·
		stered agent and a sions of all statute accept the obliga a change in the r of this change.	sgree to act in this capacit s relative to the proper an iton of my position as reg egistered office address, i	y. id complete performance istered agent. Or, if this hereby confirm that the
By: Life	Corporation System Corporation System Corporation System Again	5	12/9/09	
If signing on bel	half of an entity:			
Rebecc	ra Borth ASST	. Sec.		

* * * 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 (8/03)