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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.

REGISTERED AGENT CHANGE ACCO ENGINEERED SYSTEMS, INC.

Certificate of Status	0
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ACCO Engineered Systems, Inc.

Name of Corporation

DOCHMENT NUMBER

F99000003867

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, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

U

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

For further information concerning this matter, please call:

Mary Castillo

.888

705-7274

Name of Contact Person

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

15129570210

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

statement of ch	e provisions of sections 607.0502, a nange is submitted for a corporatio ler to change its registered office o	n organized under the la	ws of the State of <u>C</u>	alifornia	
2. The principa	the corporation: ACCO English office address: 6265 SAN DALE, CA 91201				
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification: 7/28/1	999 Document	number: F9900	0003867	
	nd street address of the current regi artment of State: (If resigned, enter CORPORATION	r resigned)		the	
	1201 HAYS STREET			19	
	TALLAHASSEE	FL	32301-2525	: 55	Ti
6. The name ar (if changed):	nd street address of the new registe	red agent (if changed) an	nd /or registered offic	. =	LED
	Registered Agent Solut	ions, Inc.			
	155 Office Plaza Dr., S	uite A		· ພ	
		Box NOT acceptable			
	Tallahassee, FL 32301	· · · · · · · · · · · · · · · · · · ·			
The street addras changed wil	ress of its registered office and th Il be identical.	e street address of the bu	isiness office of its r	registered agent,	
Such change wanthorized by	vas authorized by resolution duly the board, or the corporation has l	adopted by its board of obeen notified in writing o	directors or by an off of the change.	ficer so	
	est Osies ture of an officer or director	Robert	Osier	Secretary	
l hereby accep I further agree performance o	of the appointment as registered a to comply with the provisions of if my duties, and I am familiar with his document is being filed merely in that the obsporation has been no	gent and agree to act in all statutes relative to th h and accept the obligat v to reflect a change in to otified in writing of this c	this capacity, ne proper and compli- tion of my position a he registered office o change.	s registered	
Si	gnatude of Registered Agent	01/22/20	19 Date		
	ehalf of an entity:				
Justine Kar	nell - Assistant Secretary	,			
	Typed or Printed Name	_			
	* * * FILI	NG FEE: \$35.00 * * *			