Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (514)280-3338 Phone

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 FLINT INK LATIN AMERICA CORPORATION

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Flint Ink Latin America Corporation
2. The principal	office address:EL PARK DRIVE SUITE:300 LIVONIA, MI 48152
3. The mailing a	address (if different):
	poration/qualification: 04/29/1983 Document number: G39252
	d street address of the current registered agent and registered office on file with the street of State: (If resigned, enter resigned)
	THE PRENTICE-HALL CORPORATION SYSTEM, INC.
	1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	C T Corporation System
	1200 South Pine Island Road
	P.O. Box NOT aeceptable Plantation, Florida 33324
The street addre	ess of its registered office and the street address of the business office of its registered agence
_	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Matalia	Pictory Natalie Pickens, Secretary
Signatui	re of an officer or director Printed or typed name and title
of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ting filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
CT Corporation	09/21/2020
Sign	nature of Registered Agent Date
If signing on be	chalf of an entity:
Jennifer Kurz, A	sst Secretary
T	yped or Printed Name
	* * * 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 (04/13)

By: