

2016-11-08 13:20:32 CST
L94759

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H160002761073)))



H160002761073ABC/

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
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: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CAPITAL OFFICE PRODUCTS OF VOLUSIA COUNTY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment
to
Articles of Incorporation
of

Capital Office Products of Volusia County, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

K94759

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

500 Staples Drive
Framingham, MA 01510

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

500 Staples Drive
Framingham, MA 01510

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>Thomas Patton</u>	<u>210 Fentress Blvd</u>
<input type="checkbox"/> Add			<u>Daytona Beach, FL 32114-2210</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>T, S</u>	<u>Heather Patton</u>	<u>210 Fentress Blvd</u>
<input type="checkbox"/> Add			<u>Daytona Beach, FL 32114-2210</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D, P, CE</u>	<u>Shira Goodman</u>	<u>500 Staples Drive</u>
<input checked="" type="checkbox"/> Add			<u>Framingham, MA 01702</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D, CFO</u>	<u>Christine T. Kornola</u>	<u>500 Staples Drive</u>
<input checked="" type="checkbox"/> Add			<u>Framingham, MA 01702</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>T</u>	<u>John A. Buchta</u>	<u>500 Staples Drive</u>
<input checked="" type="checkbox"/> Add			<u>Framingham, MA 01702</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>S</u>	<u>Michael T. Williams</u>	<u>500 Staples Drive</u>
<input checked="" type="checkbox"/> Add			<u>Framingham, MA 01702</u>
<input type="checkbox"/> Remove			

CAPITAL OFFICE PRODUCTS OF VOLUSIA COUNTY, INC.

7.	Cynthia Yue	Assistant Treasurer
8.	Mark Conte	SVP Corporate Controller
9.	Cristina Gonzalez	VP, Deputy General Counsel and Assistant Secretary
10.	Mark A. Weiss	VP, Deputy General Counsel and Assistant Secretary
11.	Regis Mulot	EVP Human Resources
12.	Neil E. Ringel	EVP SBA
13.	Edward J. Ludwigson	VP Contract Sales Admin & Ops
14.	John Lynch	SVP Real Estate
15.	Thomas P. Colarusso	VP Property Management

(Attach additional sheets, if necessary). (Be specific)

[illegible][illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

October 31, 2016
Dated _____

Signature _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Cristina Gonzalez

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Capital Office Products of Volusia County, Inc.

DOCUMENT NUMBER: K94759

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janice Amato

Name of Contact Person

Staples, Inc.

Firm/ Company

500 Staples Drive

Address

Framingham, MA 01702

City/ State and Zip Code

CLS-AnnualReportFilingTeam@wolterskluwer.com

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

For further information concerning this matter, please call:

CT Corporation System

Name of Contact Person

at (800)

225-2034

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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