K94159

(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Duringer Falin News)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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R. WHITE DEC 0.7 2019



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 5, 2019

Order#: 031249/031

Re: CAPITAL OFFICE PRODUCTS OF VOLUSIA COUNTY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	inge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508. Florida Statutes, this ation organized under the laws of the State of Florida		
	<u> </u>	ce or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: CAPITAL OF	FICE PRODUCTS OF VOLUSIA COUNTY, INC.		
2. The principal	office address: 500 Staples I	Drive, Framingham, MA 01702		
3. The mailing a	ddress (if different):	····		
4. Date of incor	poration/qualification: 06/13/	1989 Document number: K94759		
5. The name and		registered agent and registered office on file with the		
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation	FL 33324 .:		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company				
	Corporation Service Compa	<u>ny</u>		
	1201 Hays Street			
P.O. Box. NOT acceptable				
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office and be identical.	I the street address of the business office of its registered agent.		
Such change wanthorized by the	as authorized by resolution do ne board, or the corporation h	aly adopted by its board of directors or by an officer so has been notified in writing of the change.		
Xiel ?	2 ani	Jill Cilmi, Vice President		
Signature of an officer or director Printed or typed name and title				
I furthér agrée performance of agent. Or, if th hereby confirm	to comply with the provision: my duties, and I am familiar	ed agent and agree to act in this capacity. It is of all statutes relative to the proper and complete With and accept the obligation of my position as registered Prely to reflect a change in the registered office address. I In notified in writing of this change.		
By: Cei	mkey	11/04/2019		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Ami M. Casper	, Asst. Vice President			
T	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *