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

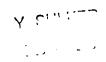
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SECRETARY OF STARS





CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

ami.casper@cscglobal.com From: Ami Casper

Date: November 5, 2019

Order#: 031249/056

Re: EMERGE PRINT MANAGEMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: EMERG	E PRINT	MANA	GEMENT, I	LLC		
2.	(a)	500 Staples Drive		_ (b))			
		Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Framingham, MA 01702		_				
		01/14/2011		_	L1100000	06248		
3.		Date of filing/registration in Florida		4.		Document number		
5.	(a)	C T Corporation System						
	(/	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 South Pine Island Road			201 TAU			
					7019 NOV -			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		Suite 2800						
		Plantation	FL_	33324				
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Of			lress:	SATE SATE		
		1201 Hays Street						
		NEW Registered Office Address:				_		
						_		
		Tallahassee	, FL_	32301		_		
the ag wa	e cha ent v is/we	imited liability company is not organized unde inge or changes are made, the Florida street ad will be identical. Or, in the case of a Florida li ere authorized by an affirmative vote of the mo- cles of organization or the operating agreemen	ldress of t imited lia embers of	the regis bility co `the lim	tered office mpany, it i ited liabilit	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
/s/ Jill Cilmi Signature of a member or authorized representative of a member					Jill Cilmi, Authorized Person Printed or typed name of signee			
								pr the to
Si	gnatu	re of Registered Agent Corporation Service Con	npany	BY: A	mi M. Cas	sper, Asst. Vice President		

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00