

**L98000001097**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000003676 3)))



H160000036763ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
DDM-DIGITAL IMAGING, DATA PROCESSING AND  
MAILING SER

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 JAN -6 AM 8:12

FILED

RECEIVED  
2016 JAN -6 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DDM-Digital Imaging, Data Processing and Mailing Services, L.C.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAKRISHA DAVIS  
Name of Person

CT CORPORATION SYSTEM  
Firm/Company

208 S. LASALLE ST SUITE 814  
Address

CHICAGO, ILLINOIS 60604  
City/State and Zip Code

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

For further information concerning this matter, please call:

LAKRISHA DAVIS at ( 312 ) 288-3562  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee  \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**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. Name of the limited liability company: DDM-Digital Imaging, Data Processing and Mailing Services, L.C.

2. (a) _____	(b) <u>c/o RR Donnelley</u>
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>1223 William Street</u>	<u>35 W. Wacker Drive, 36 Fl.</u>
<u>Buffalo, NY 14206</u>	<u>Chicago, IL 60601</u>

3. <u>07/16/1998</u>	4. <u>L98000001097</u>
Date of filing/registration in Florida	Document number


5. (a) Carl C Falletta  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
800 Tamiami Trail, #1611  
Sarasota, FL 34236


(b) CT Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
  
NEW Registered Office Address:  
1200 South Pine Island Road  
  
Plantation, FL 33324

FILED  
2016 JAN -6 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u></u>	<u>Maureen Kopp</u>
Signature of a member or authorized representative of a member	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Rebecca Barth, Asst. Secretary  
Signature of Registered Agent

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