## M0600003963

(Requestor's Name)				
(Address)				
(A.U)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
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BIYISIÓN OF CORFORATIONS TALLAHASSEE, FLORIDA

RECEIVED

A. BUTLER MAY 3 1 2022 2022 MAY 27 AM 8:51 SECRETARY OF STATE CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

## 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. N	ame of the limited liability company:  PITNEY BC	WES GLO	BAL FINANC	IAL SERVICES LLC
2. (a)	, , ,		(h)	
2. (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	···	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	27 WATERVIEW DRIVE		27 WATE	RVIEW DRIVE
	SHELTON, CT 06484		SHELTON	N, CT 06484
	07/18/2006		M0600000	3963
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the record	ds of the Flori	da Dept. of State	- e:
	C T CORPORATION SYSTEM			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324	 _, FL		2022 HAY 27 SECRETAN TAILLAN
(b)				
(b)	Enter name of NEW Registered Agent and/or NEW Regis	tered Office a	ddress:	
	Corporation Service Company			AN 8: 5
	NEW Registered Office Address:			平 5
	1201 Hays Street			;m -
	Tallahassee	. FL_32301		-
change agent v was/w	limited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membeicles of organization or the operating agreement of	f the registe ed liability c ers of the li	red office and ompany, it is mited liability	If the business office of the registered shereby confirmed that the change(s) we company or as otherwise provided in
	/S/: JILL CILMI	JIL	L CILMI, AU	THORIZED PERSON
Signa	nture of a member or authorized representative of a member	<del>-</del>		Printed or typed name of signee
provisa the obt to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as prov ely reflect a change in the registered office addres. d in writing of this change.	lete perform vided for in s. I hereby c	iance of my d Chapter 605, confirm that t	luties, and I am familiar with and accept

GRACE E. KIRBY, ASST. VICE PRESIDENT