M1000003591

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
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Corporate Creations Chicago L.L.C. 1443 W. Belmont Ave. #C, Chicago, IL 60657 July 25, 2013

New Filings Section Division of Corporations P.O. Box 6327 TALLAHASSEE, FL 32314

To whom it may concern:

Please file the enclosed change of Registered Agent for:

ACCO BRANDS USA LLC

Enclosed is a check in the amount \$25 to cover the filing fee.

Please send evidence of filing to:

Trent Bavaro Corporate Creations 1443 W. Belmont Ave. #C Chicago, IL 60657

Thank you for your assistance.

Sincerely,

Trent Bayaro Vice President Trent.Bavaro@corpcreations.com

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Acco Brands USA LLC

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:

Trent Bavaro

Name of Person

Corporate Creations

Firm/Company

1443 W Belmont Ave #C

Address

Chicago IL 60657

City/State and Zip Code

Trent.Bavaro@corpcreations.com

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

For further information concerning this matter, please call:

Trent Bavaro

 $_{\rm at}$ $\frac{1}{3}$

935-3920

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR * BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.	Nar	me of the limited liability company: ACCO BRANDS USA	LLC		
2.	(a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 300 Tower Parkway Lincolnshire IL 60069	201	
	/h)	Mailing address of limited liability company:	300 Tower Parkway		
	(0)	(Note: MAY BE POST OFFICE BOX)	Lincolnshire IL 60069	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
08/13/2010			M10000003591.	TO P	
3.	Dat	te of filing/registration in Florida	4. Document number	GRIPO	
5.	(a)	Registered Agent and Registered Office shown on	the records of the Florida I		
		Registered Agent:	Corporation Service Company		
		Registered Office Address:	1201 Hays Street Tallahassee FL 32301		
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
		NEW Registered Agent:	Corporate Creations Network Inc.		
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11380 Prosperity Farms Road #221E		
	(MOST BL TEORIDA STREET ADDRESS)		Palm Beach Gardens	,FL 33410	
an lia th	onfiring the state of the state	limited liability company is not organized under the med that after the change or changes are made, the F e business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company. The of a member or authorized representative of a member	lorida street address of the ical. Or, in the case of a F was/were authorized by a	registered office lorida limited n affirmative vote of	
		avaro, Attorney-In-Fact for Neal V Fenwick, Manager or typed name of signee	****		
		the accept the appointment as registered agent and a with the provisions of all statutes relative to the prain familiar with and accept the obligations of my poer 508, F.S. Or, if this document is being filed to meas, I hereby confirm that the limited liability company. -V.P., Corporal Confirm Mines		n. I further agree to nance of my duties, as provided for in e registered office ing of this change.	
Ŝ	gnatu	re of Registered Agent			

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