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(Re	questor's Name)				
(Ad	dress)				
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(Cit	ty/State/Zip/Phone	÷#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
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2015 AUG -6 PH 1: 47
SECREJARY OF STATE

K.SALY EXAMINER AUG 10 2015 July 28, 2015

VIA US MAIL

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: ACCO BRANDS USA LLC

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Ryan DeAnda REGISTERED AGENT SOLUTIONS, INC. 1701 Directors Blvd., Suite 300 Austin, TX 78744

COVER LETTER

TO: Registration Section

Divi	sion of Corporations				
SUBJECT:	ACCO BRANDS USA LLC				
SUBJECT:	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	I Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.		
Please return	all correspondence concerning th	nis matter to the fo	ollowing:		
	•				
Ryan DeA	.nda		_		
	Name of Person				
Registered	d Agent Solutions, Inc.				
	Firm/Company		_		
1701 Direc	ctors Blvd suite 300				
	Address		_		
Austin TX	78744				
	City/State and Zip Code				
clientservi	ces@rasi.com		•		
E-mail	address: (to be used for future an	nual report notific	eation)		
For further is	nformation concerning this matter	, please call:			
Ryan DeA	nda	888	7057274		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Reg Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Encl	losed is a check for the following	g amount:			
□ \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
INHS18 (2/14	i)				

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: ACCO BRAN	DS US	A LLC				
	Principal office address of limited liability company:			failing address of limite	d liability c	oninany:	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POS			•
	Four Corporate Drive		Four Cor	porate Drive			
	Lake Zurich, IL 60047		Lake Zur	ich, IL 60047			
	08/13/2010		M1000000	03591			
3.	Date of filing/registration in Florida	4.	1	Document number			
5. (a)						
`	Registered Agent and Registered Office shown on the records of to CORPORATE CREATIONS NETWORK, IN		Dept. of State:		TAS:	2015 AUG	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	ODRESS)			≥	7
	11380 PROSPERITY FARMS ROAD #2216	Ξ			HAS	<u>8</u>	
	PALM BEACH GARDENS , FL	33410			SECRETARY OF	-6 PI	I T
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				OF STATE EE, FLORIDA	PM 1:47	C
,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:		SE SE		
	Registered Agent Solutions, Inc.						
	NEW Registered Office Address:						
	155 Office Plaza Dr. Suite A						
	Tallahassee, FL	32301					
the cagent was/the a	e limited liability company is not organized under the law hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of the presenting agreement of the warmel warmen or authorized representative of a member.	the regisability confithe limited l	tered office mpany, it is ited liability iability comp nela Schni	and the business of hereby confirmed t company or as other	fice of the hat the ch erwise pro	e registe lange(s)	ered
	eby accept the appointment as registered agent and agr	ee to act			J	lv with	the
provi the o to ine	isions of all statutes relative to the proper and complete bligations of my position as registered agent as provided erely reflect a change in the registered office address, I h ied in writing of this change.	performa d for in C nereby co	ince of my d Thapter 605, Infirm that the	uties, and I am fam F.S. Or, if this doc he limited liability o	iliar with cument is company l	and acc being fi has beer	cept led n
<u> </u>	ulen Wz Asst- geretany						
ļ	Division of Corporations P.O. B	20v 6377	• Tallahasa	100 EL 20214			

FILING FEE: \$25.00