(Requestor's Name)	
(Address)	
(Address)	
(Address)	
	1
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	
Certified Copies Certificates of S	Statu s
Special Instructions to Filing Officer:	
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	, ,
Office Use Only	



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: November 17, 2017

Order#: 915471-009

Re: LEXMARK ENTERPRISE SOFTWARE, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers
c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

Pursuant to the provisions of sections 605.01/14 or 605.01/16, 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	ame of the limited liability company: LEXM	1ARK ENT	ERPRISE	E SOFTWA	ARE, LLC
2. (a)	8900 Renner Blvd		(b)	740 W	New Circle Rd
, ,	Principal office address of limited liability co (Note: MUST BE STREET ADDRES		_ (*)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Lenexa, KS 66219		_	Lexingto	n, KY 40550
	10/18/2010			M100000	04598
3.	Date of filing/registration in Florid	a	4.		Document number
5 (a)	C T CORPORATION SYSTEM				
5. (a)	Registered Agent and Registered Office shown on the	r records of the	he Florida	Dent of State	- >·
		. records or n	ne i kanga .	Dept. of State	••
	1200 SOUTH PINE ISLAND ROAD				-
	Registered Office Address (MUST BE FLORIDA	STREET A	DDRESS)		
					•
	PLANTATION	, FL_	33324		
					*7 N9v _ ?
(b)	Corporation Service Company				<i>N</i> 9
	Enter name of NEW Registered Agent and/or NEW	Registered (Office add	ress:	.≃
					ن.
	1201 Hays Street				- n
	NEW Registered Office Address:				· · · · · · · · · · · · · · · · · · ·
					··
	!				S. Co
	Tallahassee	, FL	32301		
		_ ; _			
f the li	mited liability company is not organized unc	der the law	s of the S	State of Flo	orida, it is hereby confirmed that after
ne cna	nge or changes are made, the Florida street a vill be identical. Or, in the case of a Florida	iddress of t limited liab	the regist	ered office	and the business office of the registere
vas/we	ere authorized by an affirmative vote of the m	nembers of	the limit	ted liability	company or as otherwise provided in
he arti	cles of organization or the operating agreeme	ent of the l	imited lia	ability com	pany.
/S/ CI	HRISTOPHER J. HYLAND		CHRI	STOPHER	R J. HYLAND, AUTHORIZED PERSON
	ure of a member or authorized representative of a mem	ıber			Printed or typed name of signee
I hereb provision he obli o mere notifica	by accept the appointment as registered agen ons of all statutes relative to the proper and igations of my position as registered agent a ly reflect a change in the registered office and in writing of this change.	it and agre complete p s provided ddress, I he	e to act i performat for in Ch ereby cor	n this capa nce of my a hapter 605, nfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been
	nace Cokuble				
Signatur	re of Registered Agent Corporation Service Co	mnany	RY: GRA	CEE KIRE	A SSISTANT VICE PRESIDENT

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314