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(Re	equestor's Name)						
(Ad	ldress)						
(Address)							
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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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: Ami Casper ami.casper@cscqlobal.com

Date: November 6, 2019

Order#: 031249-277

Re: STAPLES THE OFFICE SUPERSTORE, LLC

Enclosed please find:

XX _ Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Ami Casper 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.

QUCA.XCOA

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: STAPLES THE	OFFICE	SUPERST	ORE, LLC		<u>. </u>
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Framingham, MA 01702	_			_	
	03/01/2013		M130000	_		
3.	Date of filing/registration in Florida	4.		Document t	number	
5. (a	C T Corporation System			_		
•	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	2:		
	1200 South Pine Island Road					·
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS	<u>)</u>		2019	وسوسه
	Plantation , FL	33324		ALLAS SYLVAN	NOV =	
(b)	•			1.33 10.7	~ >	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:	OF STATE E.FLONIO	ධ බ	J
	1201 Hays Street			7	~	
	NEW Registered Office Address:					
	Trillahasasa	22204		-		
	Tallahassee , FL	32301		-		
the ch agent was/v	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regis ability co f the lim	stered office ompany, it is ited liability	e and the bus s hereby cor y company o	siness o ifirmed	office of the registered that the change(s)
/:	s/ Jill Cilmi	Jill C	Cilmi, Autho	rized Persor	า	
Sign	ature of a member or authorized representative of a member		_	Printed or typ	ed name	of signee
provi. the ol to me	eby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete viligations of my position as registered agent as provided rely reflect a change in the registered office address. I had in writing of this change.	ee to act performa I for in C iereby co	in this cape ance of my e Chapter 605 onfirm that	acity. I furth duties, and i , F.S. Or, i the limited l	her agr l am fan l this do iability	ee to comply with the niliar with and accep ocument is being filed company has been
Signat	ure of Registered Agent Corporation Service Company	BY: A	mi M. Cas	per, Asst. \	/ice Pr	esident

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