M14000000255

(Re	equestor's Name)					
(Ad	ldress)					
(Address)						
(Cit	ty/State/Zip/Phone	#)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



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06/19/14--01021--004 **25.00

MAISION OF CORPORALIUM

C. LEVIS

JUL 7 2014

EXAMMER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: June 17, 2014

Order#: 166516-041

Re: PENNYSAVER USA PRINTING, 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: Lindsey Lockard c/o Corporation Service Company

2711 Centerville Road, Suite 400

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.	Na	ame of the limited liability con	npany: PENNYSAVE	R USA PRINTIN	IG, LLC		
2.	(a)	2830 ORBITER ST		(b)			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		BREA	C/ 92821				
		01/14/2014		M14	1000000255		
3.		Date of filing/registra	ation in Florida	4.	Document number		
5.	(a)	CAPITOL CORPORATE S	SERVICES, INC.				
	` '	Registered Agent and Registered Of	Tice shown on the records	of the Florida Dept.	of State:		
		155 OFFICE PLAZA DR ST		·*• >			
		Registered Office Address (MUS	ST BE FLORIDA STREE	T ADDRESS)		T BIVE	
						= 923	
		TALLAHASSEE	, I	FL 32301-2525	<u>; </u>		
(ł	(b)	Corporation Service Compare Enter name of NEW Registered Ag		ed Office address:	····	SEING TARY OF STATE HE VISION OF CORPORATIONS	
		1201 Hays Street				<i>(</i> ***	
		NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·			
							
		Tallahassee	, J	FL 32301			
the ag wa th	e cha ent v as/we e arti	imited liability company is not unge or changes are made, the vill be identical. Or, in the case authorized by an affirmative cles of organization or the operation of member of authorized representation of the control of member of authorized representation or the control of member of authorized representation or the control of member of authorized representation of member of authorized representations.	Florida street address se of a Florida limited ve vote of the members erating agreement of the	of the registered liability compan s of the limited li he limited liabilit	office and the business office y, it is hereby confirmed that ability company or as otherw	e of the registered the change(s) ise provided in	
	_	·			•••	_	
pr th to	ovisi e obl mere	by accept the appointment as in one of all statutes relative to the igations of my position as regionally reflect a change in the region of this change.	registered agent and a he proper and comple istered agent as provid- istered office address,	igree to act in thi ite performance o ded for in Chapte I hereby confirm	is capacity. I further agree to of my duties, and I am familia er 605, F.S. Or, if this docum a that the limited liability com	comply with the r with and accept ent is being filed pany has been	
Si	<u>J</u>	re of Registered Agent Corporation	on Service Company	z BY: Grace I	E. Kirby, Assistant Vice Pr	esident	