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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE

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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@cscglobal.com

Date: November 5, 2019

Order#: 031249-129

Re: OFFICE SUPERSTORE EAST 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.

(a)	500 Staples Drive	(b)	
. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Framingham, MA 01702		
	10/16/2017	<u>M</u> 1	7000008820
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept	t, of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
			20 TAS
(b)		<del></del>	—— EC
	Plantation , FL	33324	
			2019 NOV -7 PM 3: 01 SECRETARY OF STATE TALL ABLASSEE, FLORIDA
			Mag - 1
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	TO THE
	4004 Havin Charak		PH 3: 0
	1201 Hays Street  NEW Registered Office Address:		
	Registered Office Address.		
			<del></del>
	Tallahassee , FI	32301	
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registere ability compa of the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) Tiability company or as otherwise provided in
/s	/ Jill Cilmi	Jill Cilmi	i, Authorized Person
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob	thy accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ree to act in t performance d for in Chap hereby confir	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accep oter 605, F.S. Or, if this document is being filea om that the limited liability company has been

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