

M 98000000438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

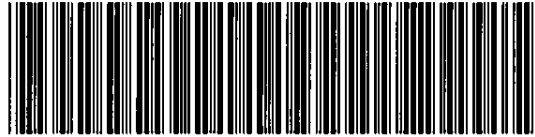
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 548870 4352981

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : October 23, 2006

ORDER TIME : 9:58 AM

ORDER NO. : 548870-255

CUSTOMER NO: 4352981

FILED  
06 OCT 26 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: WORKFLOW SOLUTIONS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS: \_\_\_\_\_

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: WORKFLOW SOLUTIONS LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

Three Greenwich Office Park, Greenwich, CT 06831

April 23, 1998

M98000000438

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporate Creations Network Inc.

Name

941 Fourth Street

Address

Miami Beach, FL 33139

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL

32301

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Maureen Cullen  
(Signature of a member or authorized representative of a member)

Maureen Cullen, Authorized Person

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Sylvia Quoppet  
(Signature of Registered Agent) Sylvia Quoppet, Assistant Vice President

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

**FILING FEE: \$25.00**