P00003

(F	Requestor's Name)	· ·
(<i>F</i>	Address)	
(/	Address)	
,	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
1)	Document Number)	
Certified Copies	Certificates of St	tatus
Special Instructions t	o Filing Officer:	

Office Use Only



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MAR 20 2017 I ALBRITTON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 13, 2017

Order#: 532184-127

Re: JOSTENS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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 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.

OUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of MN	
		gistered agent, or both, in the State of Florida.	
1. The name of	the corporation: JOSTENS, INC.	· · · · · · · · · · · · · · · · · · ·	
	l office address:esota Drive Suite 400 Bloomington MN	N 55435	
3. The mailing	address (if different); 2381 Executive	e Center Drive, Boca Raton, FL 33431	
4. Date of incor	rporation/qualification: 11/28/1983	Document number: P00003	
	d street address of the current register artment of State: (If resigned, enter resi	ed agent and registered office on file with the igned)	
	CT CORPORATION SYSTEM		
	1200 S. PINE ISLAND ROAD	5. 2.	
	PLANTATION	FL 33324	71
6. The name an (if changed):		agent (if changed) and /or registered office	
	Corporation Service Company	ORATI S	44
	1201 Hays Street		
		NOT acceptable	
	Tallahassee	FL 32301	
The street addr	ess of its registered office and the stroll be identical.	reet address of the business office of its registered agent	t ,
Such change w author zed by t		pted by its board of directors or by an officer so notified in writing of the change.	
من	e E. agnie	Jill Cilmi, Vice President	
Signati	ure of an officer or director	Printed or typed name and title	
I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent to comply with the provisions of all s f my duties, and I am familiar with an his document is being filed merely to t that the corporation has been notified on Service Company	statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I	
By: Dr	ace C-Kuble	03/07/2017	
•	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
·	, Asst. Vice President		
Į.	Typed or Printed Name		

* * * FILING FEE: \$35.00 * * *