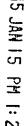
(Requestor's Name)					
(Ad	dress)				
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
<u> </u>					





900268411989

01/15/15--01012--007 **35.00







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: January 13, 2015

Order#: 447767-130

Re: STV INCORPORATED

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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 CORPORATIONS

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Stati nized under the laws of the State of <u>Ne</u> tered agent, or both, in the State of Flori	w York		
1. The name of	the corporation: STV INCORPORA	ΓED			
	office address:Ave South, New York, NY 10003	3			
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 04/15/1988	Document number: P18860			
	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with the	he		
	CT Corporation System				
	1200 South Pine Island Road				
	Plantation, FL 33324		SEC	15 JAN	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company		OF STATE	P# ::	85
	1201 Hays Street		TATE	: 27	
	P.O. Box NO	T acceptable	À.	-	
The street addre		address of the business office of its reg	gistered a	ıgent,	,
Such change was authorized by the	as authorized by resolution duly adopte to board, or the corporation has been no	d by its board of directors or by an offic otified in writing of the change.	cer so		
Signatu	re of an officer or director	Dona Priebe, Vice President Printed or typed name and title			
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered agent as		e registere ldress, I	d	
By:	Seem anepoet	01/07/2015			
•	naturdof Registered Agent	Date			
Sylvia Quep	pet, Asst. VP				
T	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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