

**Filing Fee:**  
Section 1: \$10.00  
Section 2: \$10.00  
Sections 1 and 2: \$20.00



**0603168.09** amcray  
POC  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
12/11/2014 1:55 PM  
Fee Receipt: \$10.00

**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**Division of Business Filings**  
**Business Filings**  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490

**Statement of Change**  
**Principal Office Address, Registered Agent**  
**and/or Registered Office Address**

**RAC**  
**POC**

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies to change one or all of the following: the principal office address, the registered agent and/or registered office address on behalf of

Print, Inc. \_\_\_\_\_ and for that purpose submits the following:  
(The name must be identical to the name on record with the Secretary of State.)

**1. Principal office address currently on file:**

1 Elmcroft Road  
Stamford, CT 06926

**Principal office is hereby changed to:**

27 Waterview Drive  
Shelton, CT 06484

**2. Registered agent currently on file:**

\_\_\_\_\_  
\_\_\_\_\_

**Registered agent is hereby changed to:**

Name: \_\_\_\_\_  
I consent to serve as the registered agent on behalf of the business entity.  
 Signature: \_\_\_\_\_

**Registered office address currently on file:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Registered office address is hereby changed to (must be a Kentucky street address):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fee: The fees for changing 1 or all of the following: Section 1 is \$10. Section 2 is \$10. Section 1 and 2 is \$20.**

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

*Patricia M. Johnson*  
Signature of Authorized Agent

Patricia M. Johnson - Assistant Secretary

Printed Name

Date

(01/12)