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Division of Corporations

## F05000007/32

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## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

Email Address:

## REGISTERED AGENT CHANGE CELANESE INTERNATIONAL CORPORATION

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

TALLEGENSEEL FORIDA

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

statement of cha	nge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Delaware ered agent, or both, in the State of Florida.	<del></del>	
1. The name of t	he corporation; CELANESE INT	ERNATIONAL CORPORATION		
2. The principal	office address: 222 W. Las Colin X 75039	nas Blvd Law Dept. Ste. 900N		_
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 12/08/2005	Document number: F05000007132	2	_
	street address of the current registered a tment of State: (If resigned, enter resign	agent and registered office on file with the ed)		
•	C T CORPORATION SYS	STEM		_
	1200 SOUTH PINE ISLAN	ND ROAD	5	ALL
	PLANTATION, FL 33324		AUG I	ALLARESE
6. The name and (if changed):	l street address of the new registered age	mt (if changed) and /or registered office	9 AM	
	Corporate Creations Network Inc.		州田: 57	
	11380 Prosperity Farms Road #221E		2	IJΑ
	P.O. Box NOT acceptable Palm Beach Gardens, FL 33410			
Such change was authorized by the	ess of its registered office and the street be destical.	address of the business office of its registered and by its board of directors or by an officer so titled in writing of the change.  Kristine Duran, Attorney-in-Face		
I hereby accept I further acree performants m agent. Ot Y in hereby confirm	the appointment as registered agent are to comply with the provisions of all states of all am familiar with and a facture of the composition has been notified that the composation has been notified to	nd agree to act in this capacity, butes relative to the proper and complete accept the obligation of my position as registere lect a change in the registered office address, I in writing of this change.  08/19/2015	d	
$\mathcal{H}$	half of an entity:	Date	<del></del>	
	ran, Special Secretary  pped or Printed Name			

\* \* \* FILING FEE; \$35.00 \* \* \*

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr26045 (03/12)