

F10000003720

2 10/26/15 4:20:45 PM From: Ranae McGraw

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
MAIL ADDRESS: FLOPRDA

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REGISTERED AGENT CHANGE  
HOME DELIVERY INCONTINENT SUPPLIES, CO.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS  
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OCT 10 2015  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Home Delivery Incontinent Supplies Co.  
Name of Corporation

**DOCUMENT NUMBER:** F10000003720

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Josée Mireault  
Name of Contact Person

Domtar Corporation  
Firm/Company

395 de Maisonneuve W  
Address

Montreal, QC, H3A 1L6, Canada  
City/State and Zip Code

josee.mireault@domtar.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josée Mireault at ( 514 ) 848-5151  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Missouri in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Home Delivery Incontinent Supplies Co.  
2. The principal office address: 9385 Dieleman Industrial Drive, Olivette, Mo 63132

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: August 18, 2010 Document number: F10000003720

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Carol Jones  
1310 South Ridgewood Avenue, Unit 160  
Daytona Beach, FL 32114

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.  
1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, FL 33324


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Josée Miréault, Assistant Secretary  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

10/6/2016  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Mike Jones, Assistant Secretary  
\_\_\_\_\_  
Typed 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

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