

# F15000002713

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

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### COR AMND/RESTATE/CORRECT OR O/D RESIGN ESSENTRA PACKAGING U.S. INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

**PROFIT CORPORATION  
 APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR  
 AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA  
 (Pursuant to s. 607.1504, F.S.)**

**SECTION I  
 (1-3 MUST BE COMPLETED)**

F15000002713

(Document number of corporation (if known))

1 Essentra Packaging U.S. Inc.

(Name of corporation as it appears on the records of the Department of State)

2 Delaware

(Incorporated under laws of)

3. 06:22:2015

(Date authorized to do business in Florida)

**SECTION II  
 (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 11/22/1985

5 MM Packaging US Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6 If the amendment changes the period of duration, indicate new period of duration

(New duration)

7 If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

(Florida street address)

New Registered Office Address \_\_\_\_\_

(City)

Florida \_\_\_\_\_

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
 Signature of New Registered Agent, if changing

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove

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 MISSOURI  
 SECRETARY OF STATE

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated

/s/Sapna Pattni

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Sapna Pattni

(Typed or printed name of person signing)

Secretary

(Title of person signing)


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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ESSENTRA PACKAGING U.S. INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MM PACKAGING US INC." ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2022, AT 5:40 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

2076456 8320  
SR# 20232651602

Authentication: 203472964  
Date: 06-02-23

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)