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SEGREGARY OF STATE FLORID

PRM 13015



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: January 22, 2015

Order#: 468888/022

Re: KLP HOLDINGS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

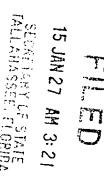
Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: KLP HOLIDNGS	, LLC		
2.	(a)		(b)		
	(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		2020 Ponce de Leon Boulevard, Suite 907			
		Coral Gables, FL 33134			
		03/30/2000	_	L0000000	7747
3.		Date of filing/registration in Florida	4.]	Document number
5.	(a)	Ronald R. Fieldstone, Esq.			
		Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of State:	A.S.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				5 JAN
		200 S. Biscayne Boulevard, Suite 3600			SS N
		Miami , FL_	33131		
	(b)	Corporation Service Company			M 3: 21
	(-)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addi	ress:	Su 1
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee , FL_	32301		
the age	cha ent v s/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility con the limit	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	/s/ I	owell D. Plotkin	Lowe	 	n, Authorized Person
I h pro the to no	ierei ovisi obl mere tified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change. The of Resistered Agent Corporation Service Company	erformai for in Cl ereby cor	in this capa nce of my d hapter 605, nfirm that ti	Printed or typed name of signee city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been pet, Asst. Vice President

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		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	Λ _O -		
		200 S. Biscayne Boulevard, Suite 3600			ECRL AHA		
		Miami , FL	33131		JAN 27		
	(b)	Corporation Service Company			TO A M		
	(=)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	်ဥ္သို ယူ ပြ		
		1201 Hays Street			NE NOA		
		NEW Registered Office Address:					
				57E-			
		Tallahassee , FL	32301				
the ag	e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi: ability co f the lim	stered office ompany, it is nited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
	/s/ I	Lowell D. Plotkin	Low	/ell D. Plotki	n, Authorized Person		
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
pr the to	ovisi e obi mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had a change of this change.	ee to act perform d for in (hereby c	t in this cap ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accep i, F.S. Or, if this document is being filed the limited liability company has been		
Si	gnatu	of Resistered Agent Corporation Service Company	BY: S	Sylvia Que _l	opet, Asst. Vice President		

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00