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(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	/)
PICK-UP	WAIT -	MAIL
(Bu	ısiness Entity Name	<u>e)</u>
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		

Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: June 20, 2013

Order#: 688135-002

Re: NEWPOINT RESOURCES LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris

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

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: <u>NEWPOINT</u>	RESOURCES LLC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Dany: 2 Doe Run Drive Newburyport, MA 01950
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2 Doe Run Drive Newburyport, MA 01950
04/20/2010	M10000001811
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of States
Registered Agent:	Incorp Services, Inc.
Registered Office Address:	17888 67th Street North Loxahatchee FL 33470
(b) Enter name of NEW Registered Agent and/or !	
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be included its liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of rwise provided in the articles of organization or
/s/ Dona Priebe	National and The State of the
Signature of a member or authorized representative of a member	
Dona Priebe Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.
Signature of Registered Agent Corporation Service Company	y April Hudson, Asst VP

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

INHS18 (05/08)