MUUUUUUU3876

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

JUN 1 2 2013 B. KOHR



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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: Kathleen Shields kshields@cscinfo.com

Date: May 24, 2013

Order#: 655613-067

Re: SAPA EXTRUSIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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: Kathleen Shields

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:	SAPA EXTRUS	SIONS, LLC	
2. (a) Principal office address of limited line (Note: MUST BE STREET ADD)	ability company: RESS)	9600 W. Bryn Mawr Avenue, Suite 250 Rosemont, IL 60018	
(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE)		9600 W. Bryn Mawr Avenue, Suite 250 Rosemont, IL 60018	
08/31/2010		M10000003876	
3. Date of filing/registration in Florida	4	. Document number	
5. (a) Registered Agent and Registered O	ffice shown on th	ne records of the Florida Dept. of State 1	
Registered Agent:		CT Corporation System	
Registered Office Address:		1200 South Pine Island Road Plantation, FL 33324	
		2	
(b) Enter name of NEW Registered Ag	ent and/or NEW	Registered Office address:	
NEW Registered Agent:		Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street	
	<u> </u>	Tallahassee ,FL 32301	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
Signature of a member or authorized representative of a	nember)		
Deb Reeves, Authorized Person (Printed or typed name of signee)			
BY: Thurstellaling	red agent and ag clative to the prop of my position a serely reflect a ch as been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and I is registered agent as provided for in Chapter 608, ange in the registered office address, I hereby in writing of this change.	
(Signature of Registered Agent) Flizabeth A Dawson Aget Vice Pres	rident		

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