M10000004085

(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:								



900297131219

03/30/17--01017--010 **25.00

MAR 31 2017 S. YOUNG

ALLAHASSTE, FEGRIOA

Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: March 28, 2017

Order#: 566033-010

Re: SABIC POLYMERSHAPES 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 Please return evidence to the following:

Attn: Grace Kirby 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

17 MAR 30 PM 2:

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 compan	y: SABIC POLYN	MERSHAP	ESTLC			-
2.	(a)	9930 Kincey Avenue			(b) 1 Plasti	cs Avenue		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Huntsville	NC	28078		Pittsfield,	, MA 01201		
		09/15/2010				M100000	04085		
3.		Date of f	filing/registration	in Florida	4.		Document number		
5	(a)	C T Corporation	on System						
٥.	(α)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State					- 2:	:- : ، "هست	Z CS
		1200 South Pine Island Road					7		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2	-	MAR 30	五二
								30	325
							-	PM	が事で
		Plantation		, F	L <u>33324</u>	ļ	-	3	
	(b)	Corporation Service Company						40	
	(0)	'		nd/or <u>NEW Registere</u>	d Office add	dress:	-		,,,
		1201 Hays Stree	et				-		
		NEW Registered Of	Tice Address:						
		T-N-h			- 00004		-		
		Tallahassee		, F.	L_32301		-		
th ag wa	e cha ent w as/we	nge or changes are vill be identical. (are a xifi orized by a	e made, the Flori Or, in the case of an affirmative vo	ida street address of a Florida limited lote of the members agreement of the	of the registiability control of the limited l	stered office ompany, it is ited liability iability com	orida, it is hereby confice and the business offices hereby confirmed that y company or as other apany. rized Person	ce of the re at the chang	gistered ge(s)
	Signat	ure of a member or au	athorized representat	tive of a member		,	Printed or typed name of	signee	
pr th to no	ovisi e obli mere tifiec	ons of all statutes igations of my posely reflect a change in writing of this	relative to the p sition as register se in the register change.	tered agent and ag roper and complet ed agent as provid ed office address, l ervice Company	e performe ed for in C hereby co	ance of my c Chapter 605 Onfirm that	acity. I further agree duties, and I am famili F.S. Or, if this docu the limited liability co by, Asst. Vice Presi	ar with and ment is bei mpany has	vith the d accept ng filed been