CT CORPORATION SYSTEM

| CORPORATION(S) NAM | | יטטי | |
|--|--|------------------------------|---|
| Consolidated Container Co | | | |
| Reid Plastics Group, LLC | | | |
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| | | | · · · |
| () Profit () Nonprofit | () Amendment | () Merger | |
| () Foreign | () Dissolution/Withdrawal () Reinstatement | () Mark | |
| () Limited Partnership | () Annual Report | ()Other | |
| () LLC | () Name Registration () Fictitious Name | Change of RA | 01 SEC 7AL1 |
| () Certified Copy | () Photocopies | () CUS | JUN A. |
| () Call When Ready (x) Walk In () Mail Out | () Call If Problem () Will Wait | () After 4:30 (x) Pick Up | FILED FAMD ARYUFS |
| Name \$ 50 | 6/8/01 | Order#: 4541759 | 38 38 |
| Document Examiner | | Ref#: | |
| Updater Verifier W.P. Verifier | | Amount: \$ | |
| | | Do | $\mathcal{N}_{\mathcal{A}}$ |

A CCH LEGAL INFORMATION SERVICES COMPANY

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF 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.

| 2. The mailing address of the limited liability company is: | 5605 N. MacA | rthur B | vd., Sui | te 360 | | | |
|---|--|-----------------------------|-------------------------------|-----------------------------|-------------------|----------|-----------|
| Irving, Texas 75039 | = = = | . . | | | | | 2 12 |
| June 29, 1999 | M990000009 | 986 | | | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | | | | |
| 5. The name of the registered agent and the registered office Florida Department of State: | e address as sh | nown o | n the r | ecords | of the | | |
| NRAI Services, Inc. | | | - | | | - | |
| Name | | | | | ₹ | _ | |
| 526 East Park Avenue | | | | | | 0 | |
| Address | | <u> </u> | | | Δĭ | AUL. | 🛰 |
| Tallahassee, Florida 32301 | | | - | | 715 | ≥ | <u>ئے</u> |
| City, State and 2 | Zip | | - | | - XX >> | ထံ | |
| 6. The name and address of the new registered agent and/or | office: | - | | | 13.33 S.40.3 | | |
| C T Corporation System | . • | | | | ≲≳ | | |
| Name | ···· | | • | | | မ္ထ | · Pri |
| 1200 South Pine Island Road | - | | | | - | | |
| Florida street address (P.O. Box | NOT accepta | able) | | | | | - |
| Plantation FL 33324 | | | | | | | = |
| City, State and Zi | р | | • | | | | |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. | orida street add cal. Or, in the was/were auth | dress c case c orized | f the re of a Flo by an | gister rida li affirm | ed offic mited | nte of | |
| Signature of a member or authorized representative of a member) | | | - | | | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. C T Corporation System

(Signature of Registere d Agent)

(Printed or typed name of signee)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00