## P04000058893

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PICK-UP WAIT	] MAIL
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I ALBRITTON

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 798328

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: September 6, 2017

ORDER TIME : 3:59 PM

ORDER NO. : 798328-005

CUSTOMER NO:

7419447

CHANGE OF AGENT

NAME: BRUNI GLASS PACKAGING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

**EXAMINER:** 

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nnge is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FLORIDA red office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: BRUN	I GLASS PACKAGING, INC.	_
2. The principal	office address: 525 W	est Monroe St., 14th Floor, Chicago, IL 60661	-
3. The mailing a	ddress (if different):		-
4. Date of incorp	poration/qualification:	4/6/2004 Document number: P04000058893	-
	street address of the comment of State: (If resign	current registered agent and registered office on file with the gned, enter resigned)	
	CORPORATION CO	MPANY OF MIAMI	
	200 SOUTH BISCAY	NE BLVD., SUITE 4100 (A4F)	
	MIAMI, FL 33131	THE STATE OF THE S	_
6. The name and (if changed):	street address of the n	ew registered agent (if changed) and /or registered office	֓֞֞֞֞֞֞֞֞֜֞֞֞֞֞֞֞֓֞֞֞֞֞֞֞֞֞
	CORPORATION SE	RVICE COMPANY	
	1201 HAYS STREET		
	TALLALIAGGE	P.O. Box NOT acceptable	
	TALLAHASSEE	FL 32301	
The street address changed will	ss of its registered offi be identical.	ce and the street address of the business office of its registered agent,	
Such change was authorized by the	s authorized by resolu e board, or the corpor	tion duly adopted by its board of directors or by an officer so attion has been notified in writing of the change.	
O-la-	T. B.Lin.	Andrew T. Berlin, President CEO	
Signature	e of an officer of director	Printed or typed name and title	
l Jurther agree to performance of r	o comply with the prov	pistered agent and agree to act in this capacity, visions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as registered ed merely to reflect a change in the registered office address, I been notified in writing of this change;	
Kin	· Glemenc	9-1-17	
Signa	ature of Registered Agent	Date	
If signing on beh	alf of an entity;		
	rund, Asst. Septed or Printed Name	200 teny	
.,,	÷	* FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)