## 259207

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THE SERVICE OF A



ITON SERVICE COMPANI	
ACCOUNT NO. :	12000000195
REFERENCE :	156495 7877798
AUTHORIZATION :	
COST LIMIT	sels be man
ORDER DATE : April 3, 2012	
ORDER TIME : 10:51 AM	
ORDER NO. : 156495-025	
CUSTOMER NO: 7877798	
CHANGE OF AGENT	
NAME: HB SEALING PRODUC	TS INC.
PLEASE RETURN THE FOLLOWING AS PRO	OF OF FILING:
XX PLAIN STAMPED COPY	
CONTACT PERSON: Stephanie Milnes	EXT# 2920

EXAMINER:

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

statement of cha	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut hange is submitted for a corporation organized under the laws of the State of Flori der to change its registered office or registered agent, or both, in the State of Floria	ida	_
1. The name of	of the corporation: HB SEALING PRODUCTS INC.		
2. The principal	al office address:		. =
3. The mailing a	g address (if different):		
4. Date of incor	orporation/qualification: 05/21/1962 Document number: 259207		
	and street address of the current registered agent and registered office on file with the partment of State:	e	
	Russell Brown		
	1016 N Belcher Road		
	Clearwater, FL 33765	. 123	17***
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office :	SECRETARY BE STATE	THE
	Corporation Service Company	SE 7	m
	1201 Hays Street		Name of Street
	(P.O. Box NOT acceptable)	SATE A	,
	Tallahassee, FL 32301	2,	
The street address changed will	lress of its registered office and the street address of the business office of its registle identical.	gistered age	nt,
Such change wanthorized by the	was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	cer so	
	Maureen Cathell, Vice President (Printed or typed name and title)		-
I further agree of my duties, ar document is bei corporation ha.	pt the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered age eing filed merely to reflect a change in the registered office address, I hereby co as been notified in writing of this change.	e performai ent. Or, if t infirm that t	nce his he
By:	tion Service Company  4-4-2012  Signature of Registered Agent)  (Date)		<del></del>
•	behalf of an entity:		
Grace E. Kirb	rby, Asst. Vice President		
(	(Typed or Printed Name)		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*