## 825411

(Requestor's Name)	
(Áddress)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	-)
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Y SULKER JAN 1 2 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	: I2000000195	
	REFERENCE	: 365998 5057638	
	AUTHORIZATION	Inclaran	
	COST LIMIT	: U\$ 35.00	
			• -
ORDER DATE :	January 7, 2022		
ORDER TIME :	2:24 PM		
ORDER NO. :	365998-075		
CUSTOMER NO:	5057638		

CHANGE OF AGENT

NAME: NEWARK CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX\_\_\_\_\_
 PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Indiana in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:	NEWARK CORPORATION

2. The principal office address: 2211 South 47th Street, Phoenix, AZ 85034

3. The mailing address (if different):

4. Date of incorporation/qualification: 11/24/1970 Document number: \_\_\_\_825411

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T Corporation System		
1200 South Pine Island Road		
Plantation	FL	33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

	Corporation Service Company		2022
	1201 Hays Street		
		P.O. Box NOT acceptable	anana
	Tallahassee	FL 32301	
as changed v	on be identical.	e street address of the business office of its reg adopted by its board of directors or by an offic been notified in writing of the change. Jill Cilmi, Vice Preisdent	istered agent,
	nature of an officer or director	Printed or typed name and title	
of my duties, document is corporation	ee to comply with the provisions of and I am familiar with and accept.	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered age ge in the registered office address, I hereby co change. 01/11/2022	? performance int. Or, if this nfirm that the

Signature of Registered Agent

Date

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President

Typed or Printed Name

\* \* \* 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 (04/13)

By: