833546

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(Cit	y/State/Zip/Phone	e #)			
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A. RAMSEY JUN 0 9 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: 12000000195					
REFERENCE	: 780039 8414496					
AUTHORIZATION	Syrvillenan					
COST LIMIT	/ / \					
ORDER DATE : May 31, 2023						
ORDER TIME : 9:16 AM						
ORDER NO. : 780039-011						
CUSTOMER NO: 8414496						
CHANGE OF AGENT						
NAME: LIQUI-BOX COR	D D O D A TT O NI					
NAME: BIQUI-BOX COR	REPORATION					
PLEASE RETURN THE FOLLOWING AS	S PROOF OF FILING:					
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weila	and-sorenson					

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.03 nge is submitted for a corpo r to change its registered off	ration organized under th	ne laws of the	State of OH			
1. The name of t	he corporation: LIQUI-BOX	CORPORATION					
2. The principal	office address: 901 E. Byrd S	St. Suite 1105 Richmond	I, VA 23219				
3. The mailing a	ddress (if different):			· · · · · · · · · · · · · · · · · · ·	<u></u>		
4. Date of incorp	oration/qualification: 12/27	/1974 Docum	nent number:	833546	<u> </u>		
	street address of the current tment of State: (If resigned.)	2 2	stered office	on file with t	PAR JUN		
	CT CORPORATION SYS	TEM			100 b		
	1200 S. PINE ISLAND ROAD						
	PLANTATION, FL 33324				بارين ايان ايان		
6. The name and (if changed):	street address of the new re	gistered agent (if changed	l) and /or regi	stered office	قم ربت <i>ا</i>		
	Corporation Service Comp	any					
	1201 Hays Street						
		P.O. Box NOT acceptable	:				
	Tallahassee	<u> </u>	FL 32301				
The street addre as changed will	ss of its registered office an be identical.	d the street address of th	e business of	ifice of its re	gistered agent,		
	s authorized by resolution of board, or the corporation	uly adopted by its board has been notified in writ	l of directors ing of the ch	or by an offi ange.	cer so		
Mary Sharin	^	Shuxian Ya	ang	Р	resident		
- SAFESEDSTERSIBI	e of an officer or director		Printed or typed	name and title			
l further agrée t of my duties, an document is bei corporation has	the appointment as register o comply with the provision of I am familiar with and act of filed merely to reflect a control been notified in writing of the Servick Company	s of all statutes relative i rept the obligation of my hange in the registered (et in this capa to the proper position as i office addres	acity, cand comple, registered ag s, I hereby co	te performance ent. Or, if this onfirm that the		
By: L) no		06/02/202	23				
	nature of Registered Agent	\leftarrow	Date	e			
If signing on bel	nalf of an entity:						
	Asst. Vice President	····					
Ty	ped 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)