F01000000130

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2009 JUN 12 AN II

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION

RA. Clorge C.COULLIETTE

JUN I 2 2009

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 033282 7708229

AUTHORIZATION :

COST LIMIT

ORDER DATE: June 11, 2009

ORDER TIME : 9:21 AM

ORDER NO. : 033282-007

CUSTOMER NO: 7708229

CHANGE OF AGENT

NAME:

AMCOR SUNCLIPSE NORTH AMERICA,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX _ PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, inge is submitted for a corporation organiz ir to change its registered office or register	ed under the laws of the	State of Californi	
1. The name of t	the corporation: AMCOR SUNCLIF	SE NORTH AME	ERICA, INC.	
	office address: 6600 Valley View S			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 01/09/2001	Document number:	F01000000130)
	d street address of the current registered age trnent of State:	ent and registered office	on file with the	
	C T Corporation System			
	1200 South Pine Island Road		s s	O.
	Plantation, FL 33324		ECR.	5 -11
6. The name and (if changed):	d street address of the new registered agent Corporation Service Company	(if changed) and /or regi	HASSEE, F	FILED MII: 48
			STA	=
	1201 Hays Street (P.O. Box NOT acceptable)			œ
	Tallahassee, FL 32301			
The street addre	ess of its registered office and the street a be identical.	ddress of the business o	office of its registered	d agent,
=	as authorized by resolution duly adopted ne board, or the corporation has been noti			
Maria	are of an officer or director)	Maureen Cullen, A	Attorney in fact	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all status of I am familiar with and accept the oblig ng filed merely to reflect a change in the seen notified in writing of this change. The service Company		•	ormance or, if this that the
	gnature of Registered Agent)	(Dat	ite)	
If signing on be	half of an entity:			
	Vannoy, Assistant VP Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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