Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE PORTOLA PACKAGING, INC.

	
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Corporate Filing Menu

1/27/2014

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

	ndment Section sion of Corporations	
SUBJECT:	PORTOLA PACKAGING, INC.	
SODUECI	Name of Corpor	ation
DOCUMEN	F02000000234	
The enclosed	Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return	all correspondence concerning this matter to t	he following:
	Wendy Boccuzzi	
	Name of Contact	Person
	Silgan Holdings Inc.	
	Firm/Comps	ny
	4 Landmark Square, Sulte 400	
	Address	
	Stamford, CT 06901	
	City/State and Zi	p Code
	wboccuzzi@silgan.com	
	E-mail address: (to be used for futur	annual report notification)
For further is	nformation concerning this matter, please call:	
WENDY BO	CCUZZI	203 406-3163
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a	a \$35.00 check made payable to the Departmen	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CRZE045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, urge is submitted for a corporation organized under the laws of the State of Delawat or to change its registered office or registered agent, or both, in the State of Florida.			
•	the corporation: PORTOLA PACKAGING, INC.			
2. The principal	office address: 40 SHUMAN BLVD., STE 220 NAPERVILLE, IL 60563	· · · · · · · · · · · · · · · · · · ·		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 1/15/2002 Document number: F02000000234			-
	d street address of the current registered agent and registered office on file with the nument of State: (If resigned, enter resigned)			
	CORPAMERICA, INC.	47.74		
	1201 HAYS STREET		7	
	TALLAHASSEE, FL 32301	AHY AHY	JAH 2	يدد. ا تعيد
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	ARY SE	27 = 3	الاشتان (1900م) (1900م) (1900م) (1900م) (1900م)
	CT Corporation System	-471 - 46	(h	, s.
	c/o C T Corporation System, 1200 South Pine Island Road		53	- 18
	P.O. Box NOT acceptable Plantation, Florida 33324	**		
The street address changed will	ess of its registered office and the street address of the business office of its registable identical.	ered agent	•	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer see board, or the corporation has been notified in writing of the change.	50		
MAN	Frank W. Hogan, III, Vice President and Sec	cretary		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete my duites, and I am familiar with and accept the obligation of my position as registed accument is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change.	istered 33, I		
By: CT Cor	poration System Tanuary 27, 2014 Batter of Registers Agent Date	<u> </u>		
If signing on be	half of an entity:			
Con	Open Cartes of Philippe Name			
F53537	** ** * FILING FEE: \$35.00 * * *			
M CR2E045 (03/12)	Make checks payable to Florida Department of State all to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			