Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000055311 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 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 RED RIVER SPECIALTIES, INC.

| كنتك والمستقل والمستقل والمستوات المستوات | |
|---|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

3/6/2014

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| SUBJI | Red River Specialties, Inc CT: Name of Corporation | | | | | | | | |
| | · | | | | | | | | |
| DOCU | F04000004775 MENT NUMBER: | | | | | | | | |
| The en | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | | | | |
| | Emity Moniz | | | | | | | | |
| Name of Contact Person | | | | | | | | | |
| CT Corporation | | | | | | | | | |
| Firm/Company | | | | | | | | | |
| | 155 Federal St. Suite 700 | | | | | | | | |
| | Address | | | | | | | | |
| | Boston MA 02110 | | | | | | | | |
| | City/State and Zip Code | | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | | | |
| For fur | her information concerning this matter, please call: | | | | | | | | |
| Emily N | | | | | | | | | |
| | Name of Contact Person Area Code & Daytime Telephone Number | | | | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | | | | | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | | | | |

CR2E045 (03/12)

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

| statement of ch | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this range is submitted for a corporation organized under the laws of the State of LA | |
|--|---|-------------|
| | ler to change its registered office or registered agent, or both, in the State of Florida. | |
| 1. The name of | f the corporation: RED RIVER SPECIALTIES, INC. | |
| 2. The principa | al office address: 1013 N.W. SUWANNEE AVE. BRANFORD, FL 32008 | |
| 3. The mailing | address (if different): 1324 N. Hearne Ave Ste 120 SHREVEPORT, LA 71107 | |
| 4. Date of inco | proration/qualification: 10/04/2007 Document number: F04000004775 | |
| | nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) | |
| | ANDY PIBRCE | ر اد |
| | 1013 N.W. SUWANNEB AVE. BRANFORD, FL 32008 | |
| 6. The name an (if changed): | | |
| | c/o C T Corporation System, 1200 South Pine Island Road | |
| | P.O. Box NOT acceptable | |
| | Plantation, Plorida 33324 | |
| <i>(1)</i> | ress of its registered office and the street address of the business office of its registered agent, ll be identical. | |
| Such change was authorized by | Was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. | |
| 3100 | Lisa Shdeed Vice President | |
| I hereby accep I further agree performance o agent. Or, if it hereby confirm | of the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I in that the corporation has been notified in writing of this change. | |
| By: A Co | orporation System OLAL TION I'S 3-5-14 Ignature of Registered Agent Date | |
| | pehalf of an entity: | |
| | Typed or Printed Name | |
| | * * * FTLING FEE: \$35.00 * * * | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT KODA Distribution Group, Inc., a Corporation incorporated under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Olga Hinkel, Kendra Jesus & Lisa Shdeed, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Olga Hinkel, Kendra Jesus & Lisa Shdeed shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on the day of March, 2014.

By: Proce P. Moriarty
Title: Chief Financial Officer
State of County of

KODA Distributions Group, Inc.

On the day of March, 2014, before me, the undersigned, a Notary Public in and for said State, personally appeared Trieve P Michield, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

, Notary Public

STEFANIA A MAGNANO Notary Public Connecticut My Commission Expires Sep 30, 2017

SCHEDULE A

List of direct or indirect owner of subsidiary entities:

| Company | ENSTRUMENT OF THE | 90/530FC | p. (%) | State of Inc | orporation (2) |
|--|---|----------|--------|---|----------------|
| Adapco, Inc. | | | | F | |
| Advanced Specialized Technologies, Inc. Specially Professional Products, Inc. Marcor Development Corp. Dewolf Chemical, Inc. | | • | | . MI | |
| Specially Professional Products, Inc. | | | | DI | |
| Marcor Development Corp. | ., . | | • | N. | J |
| Dewolf Chemical, Inc. | | • | | DI | È |
| Glenn, Inc. | | | |) DI | . '' |
| Red River Specialties, Inc. | | | | L# | \ |
| | • | _ | | | |
| | | | | | |
| | | | • | | |
| | • • | | | | |
| , | | | | | |
| | • | • • | | | ••• |
| 1 | • | • • | • | | |
| | • | | | • | • |
| ••• | | | • | | • |
| ··· · · · · · · · · · · · · · · · · · | | | | | • |
| | | | | | |
| · | | | | | |
| | | | • | | |
| | | | | | • |
| | | | | | |
| • | | | | | |
| | | | | | |
| | • • • | | • | | •• • • |
| plant who the reference are an action to the con- | | | | • | • |
| | | • | | • | • |
| | | • | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| • | | | | | |
| **** | | | | • | |
| • | | | | | • |
| | | | | | • |
| • | | | | | |
| • | | | | | |
| | • | | | | • |
| ••• •• • • • • • • • • • • • • • • • • • | | | | | |
| | | | | | |
| * *** | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Initial: