F06000006950

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
<u>_</u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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14 JAN 22 PH 1: 44

APPROVED

C. LEWIS

JAN 2 8 2014

EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Christopher Masker cmasker@cscinfo.com

Date: January 20, 2014

Order#: 945653-015

Re: ORAFOL AMERICAS INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Christopher Masker c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Delawar egistered agent, or both, in the State of Florida.		
	the corporation: ORAFOL AMERICA			
	l office address: 1100 Oracal Parkwa			
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 11/06/2006	Document number: F06000006950		
	d street address of the current registe rtment of State: (If resigned, enter re-	red agent and registered office on file with the signed)		
	C T Corporation System		tion 🛨	
	1200 S. Pine Island Road			
	Plantation	FL 33324	FILE 22	
6. The name and (if changed):		l agent (if changed) and /or registered office		
	Corporation Service Company			
	1201 Hays Street			
	P.O. Box Tallahassee	NOT acceptable FL 32301		
The street addr as changed will	ess of its registered office and the st be identical.	reet address of the business office of its register	ed agent,	
Such change w authorized by the	as authorized by resolution duly ado he board, or the corporation has bee	opted by its board of directors or by an officer son notified in writing of the change.)	
m	it of Lange	CHRISTOPH LAUGE	STERETARY	
I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notifi on Service Company	nt and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as regis reflect a change in the registered office addres ted in writing of this change.	tered s, I	
By: Sile	in august	01/20/2014		
-	anature of Registered Agent	Date	***************************************	
	chalf of an entity:			
	t, Asst. Vice President yed or Printed Name			

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

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