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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

## REGISTERED AGENT CHANGE

KEMIRA CHEMICALS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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1/15/2009

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

Pursuant to the provisions of sections 607.0502, 617.0502, 6 statement of change is submitted for a corporation organized	d under the laws of the State of Georgia 💢 🗖
in order to change its registered office or registered.  1. The name of the corporation: KEMIRA CHEMICALS	
2. The principal office address: 1950 VAUGHN ROAD KENNESAW GA 30144	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 5/16/2007	Document number: F07000002611
<ol> <li>The name and street address of the current registered agent Florida Department of State: (If resigned, enter resigned)</li> </ol>	t and registered office on file with the
NRAI SERVICES, INC.	
2731 EXECUTIVE PARK DRIVE, SUITE 4	
WESTON FL 33331 US	72009 TAL
6. The name and street address of the new registered agent (if changed):	· · · · · · · · · · · · · · · · · · ·
C T Corporation	System SST
c/o C T Corporation System, 1200	South Pine Island Road
(P.Q. Hax NOT urouphible)	75
Plantation, Florida	333324
The street address of its registered office and the street adas changed will be identical.	dress of the business office of its registered digent,
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notification.	y its board of directors or by an officer so led in writing of the change.
Wellhow ele	Carolina Den Brok-Perez, Secretary
I hereby accept the appointment as registered agent and a lighther agree to comply with the provisions of all statute of my dules, and I am familiar with and accept the obligad document is being filed merely to reflect a change in the reprovation has been notified in writing of this change.  (CT Corporation System	(Philit ortyped some und tille) Igree to act in this capacity. Is relative to the proper and complete performance ution of my position as registered agent. Or, if this egistered office address, I hereby confirm that the
By: MLX Ware	1/5/2009
Signature of Regulered Agent's	(Date)
If signing on behalf of an entity:	
Megan Ware	
(Typod or Printed Name)	
* * * Filing Fee:	: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORI MAIL TO: DIVISION OF CORPORATIONS, P.O. CE2E045 (8/05)	

FLOOF - 10/06/2008 C T System Coline