F070000002734

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1/19/12



ACCOUNT NO. : I2000000195

REFERENCE : 061368 7434654

AUTHORIZATION _

COST LIMIT

ORDER DATE: January 16, 2012

ORDER TIME: 10:0 AM

ORDER NO. : 061368-137

CUSTOMER NO: 7434654

CHANGE OF AGENT

NAME: UNITED INDUSTRIES CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

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, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Delaware is change its registered office or registered agent, or both, in the State of Florida.
	he corporation: UNITED INDUSTRIES CORPORATION DELAWARE
	office address:
	ac Drive, Madison, WI 53711
_	ddress (if different):thwinds Parkway, Suite 550, Alpharetta, GA 30009
4. Date of incorp	poration/qualification: 05/22/2007 Document number: F07000002734
	street address of the current registered agent and registered office on file with the
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	truent of State: C T Corporation System 1200 South Pine Island Road Plantation, FL 33324 street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.
(Xignftu	Maureen Cathell, Vice President (Printed or typed name and title)
I further agree t of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. on Scrvice Company
By:	January 13, 2012
, ,	half of an entity: (Date)
	y, Asst. Vice President
	yped or Printed Name)
	* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314