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Florida Department of State **Division of Corporations**

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Division of Corporations

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From:

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Account Number: I2000000195

: (850)521-1000

Phone Fax Number

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REGISTERED AGENT CHANGE SAMUEL STRAPPING SYSTEMS, INC.

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Corporate Filing Menu

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

1. The name of the corporation: SAMUEL STRAPPING SYSTEMS, INC. 2. The principal office address: 1401 Davey Road, Suite 300, Woodridge, IL 60517 3. The mailing address (if different): 4. Date of incorporation/qualification: 04/15/2008 Document number: F08000001684 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: C T Corporation System 1200 South Pine Island Road Plantation, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company 1201 Hays Street (P.O. Box NOT secepable) Tallahassee, FL 32301 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
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(P.O. Box NOT *cceptable) Tallahassee, FL 32301
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Blanca Lozada, Attorney in fact
(Figuration of the other beducetor) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Corporation Service Company April 22, 2010
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Grace E. Kirby, Assistant VP
(Typed or Printed Name)

* FILING FEE: \$35.00

MAKE CHECKS PAYABLE TO PLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)