F08000003337

Florida Department of State
Division of Corporations
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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
POLYFOAM PRODUCTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$35.00

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5/31/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POLYFOAM PRODUCTS, INC.
Name of Corporation

DOCUMENT NUMBER: P08000003337

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maureen Faricy
Name of Contact Person

3M Company
Firm/Company

220-10W/D07 Mail location 3M Center 220-9E-02
Address

St Paul, MN 55144
City/State and Zip Code

jlsowieja@mmm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maureen Faricy at (651) 733-3504
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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Texas *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: POLYFOAM PRODUCTS, INC.

2. The principal office address: 11715 BOUDREAUX RD. TOMBALL TX 77375

3. The mailing address (if different): ____________________

4. Date of incorporation/qualification: 07/29/2008 Document number: F08000003337

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   RHONDA MARTINEZ

   12505 NW 44TH STREET

   CORAL SPRINGS FL 33065

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   C T Corporation System

   c/o C T Corporation System, 1200 South Pine Island Road Plantation,

   P.O. Box NOT acceptable

   Florida 33324

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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.

[signature] Maureen C. Farley, Asst. Secretary

Signature of an officer or director — Printed or typed name and title

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.

C T Corporation System

By: [signature] 5/30/2012

Signature of Registered Agent — Date

If signing on behalf of an entity:

CT Corporation System

Typed 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

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