F08000003755

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

Office Use Only



300139207463





C.COULLIETTE

DEC 29 2008

EXAMINER



DN \$ERVICE COMPANY.					
AC	COUNT NO.	:	072100000	0032	
	REFERENCE	:	838987	7683861	
AUTH	ORIZATION	: (Lonelson	exam	
C	OST LIMIT	:	\$35.00		
ORDER DATE : Decemb	er 24, 2008	3			
ORDER TIME : 10:02	AM				
ORDER NO. : 838987	-040				
CUSTOMER NO: 768	3861				
<u>C</u>	HANGE OF AG	ENT			· • • • • • • • • • • • • • • • • • • •
NAME: HEN	KEL CONSUME	R G	OODS INC.		
PLEASE RETURN THE FO	PΥ	PRO	OF OF FII	LING:	
CONTACT PERSON: Joy	ce Markley				
	EXA	MTN	ER'S INTI	TALS:	

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

statement of cha	inge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, i ganized under the laws of the State of <u>Delaw</u> gistered agent, or both, in the State of Florida.		
1. The name of t	the corporation: HENKEL CON	ISUMER GOODS INC.		
2. The principal				
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 08/26/200	8 Document number: F080000037	55	_
5. The name and		ed agent and registered office on file with the		
	Capitol Corporate Services	, Inc.		
	155 Office Plaza Drive, Sui	ite A		
	Tallahassee, FL 32301		• (5)	
6. The name and (if changed):	agent (if changed) and /or registered office	小型型 能是 08 DEC 29	が対する	
	1201 Hays Street		Can?	7
	(P.O. Box NOT accep	table)	?: ° €	75 75
	Tallahassee, FL 32301		5 離	
The street addre	ess of its registered office and the str be identical.	reet address of the business office of its registe	ered agent,	
Such change wa authorized by the	as authorized by resolution duly add the board, or the corporation has been	opted by its board of directors or by an officer an notified in writing of the change.	so	
Nyun	ure of an officer or director)	Maureen Cullen, Attorney in Fa	act	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agen	at and agree to act in this capacity. statutes relative to the proper and complete pe obligation of my position as registered agent, in the registered office address, I hereby confir	erformance Or, if this rm that the	
	gnature of Registered Agent)	(Date)		
If signing on be	chalf of an entity:			
	. Dawson, Asst. Vice Presid	ent		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)