F09000002874

(Re	equestor's Name)	<u>. </u>		
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE

RARO (Ch8 10 5 31/13



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kathleen Shields kshields@cscinfo.com

Date: May 24, 2013

Order#: 655613-022

Re: SAPA EXTRUDER, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.....

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Kathleen Shields c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of Delay registered agent, or both, in the State of Florida.	vare
1. The name of	the corporation: SAPA EXTRUE	DER, INC.	
2. The principal	office address:		
3. The mailing a	address (if different):		
4. Date of incor	4. Date of incorporation/qualification: 07/15/2009 Document number: F090000028		74
	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on file with the resigned)	
	C T Corporation System		
	1200 South Pine Island Roa	ad	_ _
	Plantation, FL 33324		13 FAY
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	29
	Corporation Service Compa	any	3 5 5 6 6 6 6 6 6 6 6 6 6
	1201 Hays Street		යා
	P.O. Bo Tallahassee, FL 32301	ox NOT acceptable	
The street addr	· · · · · · · · · · · · · · · · · · ·	street address of the business office of its regist	ered agent,
Such change was authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	so
_ Jul	- leves	Deb Reeves, Vice President	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of a my duties, and I am familiar with		istered ess, I
By:	nature of Registered Agent	05/20/2013 Date	
If signing on be	chalf of an entity:		
	Dawson, Asst. Vice Presider	nt	
T	yped or Printed Name		

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