9/19/2019



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

REGISTERED AGENT CHANGE **OLIVER PACKAGING AND EQUIPMENT COMPANY**

Certificate of Status	0
Certified Copy	1 1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delawate registered agent, or both, in the State of Florida.
1. The name of	the corporation: Oliver Packaging ar	nd Equipment Company
		VE NW. WALKER, MI 49534
3. The mailing a	iddress (if different):	
4. Date of incorp	poration/qualification:	Document number: F09000004475
5. The name and		tered agent and registered office on file with the
	CORPORATION SERVICE COME	PANY
	1201 HAYS STREET	28
	TALLAHASSEE, FL 32301-2525	SEP SEP
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office
	C T Corporation System	
	1200 South Pine Island Road	
	P.O.B Plantation, Florida 33324	ox NOT acceptable
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly ac the board, or the corporation has be	lopted by its board of directors or by an officer so cen notified in writing of the change.
Mangaux)	Margaret Mohan, Secretary Signature of an officer or director Printed or typed name and title	
I hereby accept I further agree i performance of agent. Or, if thi	the appointment as registered ago to comply with the provisions of a my duties, and I am (amiliar with	Printed of typed name and title ent and agree to act in this capacity. If statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.
Micha	FOLK.	09/17/2019
	half of an entity:	Exate
Michele Holden	•	
Т	red or Printed Name	

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