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

statement of cha	nge is submitted for a corp	0502, 617.0502, 607.1508, or 6 poration organized under the la	ws of the State o	of California
	2 -2	office or registered agent, or bot	in, in the state of	j Fioriaa.
1. The name of t	he corporation: PORT PL	S. Baharan 10 North Classicate		
2. The principal	office address:	6 Highway 19 North, Clearwate	r, FL 33754	
3. The mailing a	ddress (if different): 5800	Campus Circle Drive E, Suite	150B, Irving, TX	(75063
		oruary 24, 2012 Document		
5. The name and	-	ent registered agent and registere		
	C T Corporation System	1		<u> </u>
	1200 South Pine Island	Road		
	Plantation	FL	33324	
6. The name and (if changed):		registered agent (if changed) an	d /or registered	office
	Corporation Service Cor	mpany		
	1201 Hays Street			
	-	P.O. Box NOT acceptable	00004	
	Tallahassee	FL_	32301	_
-		and the street address of the bu		
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	n duly adopted by its board of on has been notified in writing	directors or by a of the change.	an officer so
9	Riu & Coni	Jill C	ilmi	Vice President
	e of an officer or director	Pnn	ited or typed name an	d title
I further agree i of my duties, an document is hei corporation has	to comply with the provisi	tered agent and agree to act in ions of all statutes relative to the accept the obligation of my posa change in the registered office of this change.	he proper and c	omplete performance red agent. Or, if this reby confirm that the
By: Lindry M Darme			09/25/2020	
(Sig	nature of Registered Agent ie, Asst. Vice President		Date	
If signing on be	half of an entity:			
T	yped or Printed Name			

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

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

statement of cha	orovisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office or	n organized under the law	s of the State of	California
1. The name of t	he corporation: PORT PLASTIC	S INC.		
2. The principal	office address: 11701 US Highw	ray 19 North, Clearwater	, FL 33764	
3. The mailing a	ddress (if different): 5800 Campu	s Circle Drive E, Suite 1	50B, Irving, TX 7	75063
4. Date of incorp	oration/qualification: February 2	24, 2012 Document n	umber: F12000	000832
5. The name and	street address of the current registment of State: (If resigned, enter	stered agent and registered	d office on file w	ith the
	C T Corporation System			
	1200 South Pine Island Road			_
	Plantation	FL	33324	
6. The name and (if changed):	Street address of the new register Corporation Service Company	ed agent (if changed) and	I /or registered of	TOTAL SEP 2
	1201 Hays Street	BO B. MOT		
	Tallahassee	P.O. Box NOT acceptable	32301	当
as changed will	ess of its registered office and the be identical. as authorized by resolution duly a be board, or the corporation has b			**
9	Rive Cons	Jill Çil	mi	Vice President
I further agree to of my duties, an document is bei corporation has	the appointment as registered as to comply with the provisions of a lam familiar with and accepting filed merely to reflect a change been notified in writing of this and Service Company	gent and agree to act in tall statutes relative to the the obligation of my posige in the registered office thange.	e proper and coi ition as registere	nplete performance ed agent. Or, if this
Signature of Registered Agent Date				
	ie, Asst. Vice President half of an entity:			
T	yped or Printed Name	_		

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



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: September 25, 2020

Order#: 419213-035

Re: PORT PLASTICS, INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive 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.

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