

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To

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SEP 16 2015

R. WHITE

Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

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.

Email Address:

SG 15 M 3: 03

REGISTERED AGENT CHANGE KATENA PRODUCTS, INC.

Certificate of Status	0		
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Page Count	03		
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

SUBJECT:_	Name of Corporation	
	·	
DOCUMEN	F13000001582 FNUMBER:	
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:	
	Amanda Jackson	
	Name of Contact Person	

	CT Corporation System	
	Firm/Company	
	155 Federal Street Suite 700	
	Address	
	Boston, MA 02110	•
	City/State and Zip Code	
	bosunteam2@wolterskluwer.com	
	E-mail address: (to be used for future annual report	notification)
	·	

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

in order to change its re		ierea ageni, or boii	, in the State of r	ioriaa.	
2. The principal office address:	STEWART COURT D	ENVILLE, NJ 07834			
3. The mailing address (if different	nt):				
4. Date of incorporation/qualifica	tion: 04/11/2013	Document n	umber: F1300000	1582	
5. The name and street address of Florida Department of State: (1			d office on file wi	th the	
CORPORATION	SERVICE COMPANY				
1201 HAYS STR	EET				
TALLAHASSEE	, FL 32301-2525				
6. The name and street address of (if changed):	the new registered age	ent (If changed) and	/or registered off	ice	15 SEP
C T Corporation	System			333	ज ह
c/o C T Corporati	on System, 1200 South	Pine Island Road		(177) (177)	 读:
Plantation, Florid	P.O. Box NO a 33324	7 acceptable			
The street address of its registers as changed will be identical.	ed office and the street				<u>ယ</u> nt,
Such change was authorized by a authorized by the board, for the c	resolution duly adopte orporation has been no	d by its board of di otified in writing of	rectors or by an o the change.	fficer so	
* Krupaller	<i>1</i>)	Vice President	-		_
I hereby accept the appointment I further agree to comply with the performance of my duties, and I agent. Or, if this document is be hereby confirm that the dorporate	as registered agent at the provisions of all states am familiar with and ting filed merely to rej tion has been notified		is typed name and this his capacity, proper and com on of my position a registered offici nange.		
By: C T Corporation System		9/14/2015			
Signature of Registered Ag	≥ nt		Date		•
If signing on behalf of an entity:					

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Crze045 (03/12)