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 : (850)222-1092

Fax Number ; (850)878-5368

**Enterpthe email address for this business entity to be used for future to be used for

Email Address:

REGISTERED AGENT CHANGE EAGLE SPINCO INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

8/28/2014

https://efile.sunbiz.org/scripts/efilcovr.exe

7

COVER LETTER

TO:

11

Amendment Section Division of Corporations

SUBJECT: Eagle Spinco Inc.

Name of Corporation

DOCUMENT NUMBER

F13000003432

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:

Sharon L. Scarpaci

Name of Contact Person

Axiall Corporation

Firm/Company

1000 Abernathy Road NE, Suite 1200

Address

Atlanta, GA 30328

City/State and Zip Code

sharon.scarpaci@axiall.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon L. Scarpaci

₃₆770 395-4

Name of Contact Person

Area Code & Destine Telephone Number

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

statement of cha	provisions of sections 607.0 ange is submitted for a corpo er to change its registered of	oration organiz	ed under the laws	of the State of 💆	Delaware	<i>-</i>	
1. The name of	the corporation: Eagle Sp	pinco Inc.					
2. The principal	office address; 1000 Abo	emathy Ro	ad, N.E., Sui	te 1200, Atl	anta, G	A 33	28
3. The mailing a	address (if different):						
4. Date of incorp	poration/qualification: 08/	12/2013	Document nur	nber: F13000)003432	<u> </u>	
5. The name and	I street address of the currentment of State: (If resigned,	nt registered age	nt and registered o				
	Corporation Service	e Company					
	1201 Hays Street		-				
	Tallahassee, FL 323	301				7.	
6. The name and (if changed):	I street address of the new re	egistered agent ((if changed) and /o	or registered offi	ce	AUG ;	
	C T Corporation Sys	stem				38	177
	1200 South Pine Isl	<u> </u>			-	75	
	Plantation, FL 3332	P.O. Box NOT acc	ceptable		<u>:</u>	9. 15	
The street addre	ess of its registered office ar be identical.	nd the street ad	dress of the busin	ess office of its	registered	agent,	
	s authorized by resolution one board, or the corporation						
Mr. Hu	•	<u>!</u>	Michael Secre	etary, Secre	tary		
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm C T Col By:	the appointment as register to comply with the provision my duties, and I am familia is document is being filed m that the corporation has been poration. By at em		gree to act in this relative to the pr ppt the obligation a change in the r riting of this char	typed name and title capacity, roper and comp of my position a egistered office nge. Jy 15 Date	lete 25 register address, I	ed	
If signing on bet	-						
	ation System ped or Printed Name						

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