

## 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 : (850) 205-8842 : (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.\*\*

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## REGISTERED AGENT CHANGE AXIALL HOLDCO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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4/30/2015 2:58:43 PM From: To: 8506176380( 2/3 )

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJ	AXIALL HOLDCO, INC.		
5020	Name of Corporation		
DOC	JMENT NUMBER:		
The en	sclosed 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 Rd Sie 1200			
	Address		
	Atlanta GA 30328-5653		
	City/State and Zip Code		
	Sharon.scarpaci@axiall.com		
	E-mail address: (to be used for future annual report notification)		
For fu	ther information concerning this matter, please call:		
Sharo	L. Scarpaci 770 395-4547		
	Name of Contact Person at (		
Enclos	ed is a \$35.00 check made payable to the Department of State.		
	Mailing Address:  Amendment Section  Street Address:  Amendment Section		
	Division of Corporations Division of Corporations		
	P.O. Box 6327 Clifton Building		
	Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617. statement of change is submitted for a corporation organized under the laws of	* · · · · · · · · · · · · · · · · · · ·
in order to change its registered office or registered agent, or both, it	n the State of Florida.
1. The name of the corporation: AXIALL HOLDCO, INC.	
2. The principal office address: 1000 ABERNATHY ROAD NE, SUITE 1200	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 4/9/2014 Document num	ber: F14000001566
5. The name and street address of the current registered agent and registered of Florida Department of State: (If resigned, enter resigned)	flice on file with the
CORPORATION SERVICE COMPANY	
1201 HAYS STREET	
TALLAHASSEE, FL 32301-2525	
6. The name and street address of the new registered agent (if changed) and /o (if changed):	To APR 30 PM
C T Corporation System	PH 12:
c/o C T Corporation System, 1200 South Pine Island Road	12: 42
P.O. Box NOT acceptable	<del>-</del>
Plantation, Florida 33324	
The street address of its registered office and the street address of the busine as changed will be identical.	ess office of its registered agent,
Such change was authorized by resolution duly adopted by its board of direct authorized by the board, or the corporation has been notified in writing of the	
	mn Jr - Secretary -
I hereby accept the appointment as registered agent and agree to act in this I further agree to camply with the provisions of all statutes relative to the piperformance of my duiles, and I am familiar with and accept the obligation agent. Or, if this document is being filed merely to reflect a change in the nhereby confirm that the corporation has been notified in writing of this char	capacity. capacity. caper and complete of my position as registered egistered office address, I nge.
By: CT Corporation System 4/30/2015	
· · · · · · · · · · · · · · · · · · ·	Date
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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