

F1400002722

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

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**REGISTERED AGENT CHANGE
INTERWRAP CORP.**

Certificate of Status	0
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Estimated Charge	\$35.00

JUN 10 2016

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Corporate Filing Menu

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6/9/2016 9:50:52 AM From: To: 8506176380 (2/3)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: InterWrap Corp.
Name of Corporation

DOCUMENT NUMBER: F14000002722

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:

Lisa E. Ballard

Name of Contact Person

Owens Corning

Firm/Company

One Owens Corning Pkwy.

Address

Toledo, OH 43659

City/State and Zip Code

lisa.ballard@owenscorning.com

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

For further information concerning this matter, please call:

Lisa Ballard

419 248-5535

Name of Contact Person

at (Area Code & Daytime 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)

6/9/2016 9:50:52 AM From: To: 8506176380 (3/3)

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 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Oregon _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: InterWrap Corp.

2. The principal office address: 1818-1177 West Hastings Street, Vancouver, British Columbia V6E 2K3, Canada

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/11/2014 Document number: F14000002722

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI Services, Inc.

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Raj B. Dave

Signature of an officer or director

Raj B. Dave, Assistant Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Kristin Bolden
C T Corporation System
Signature of Registered Agent

June 7, 2016

Date

If signing on behalf of an entity:

Kristin Bolden
Assistant Secretary

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
CR2E045 (03/12)