F17-000003937

(Requestor's Name)
(Address)
(Address)
(1001.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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05/28/25--01016--013 **65.00

125 SEP 10 PM 2: 3

9-10-25



July 21, 2025

RYAN GOULETTE ONE HENKEL WAY ROCKY HILL, CT 06067 US

SUBJECT: HENKEL CORPORATION

Ref. Number: F17000003927

We have received your document for HENKEL CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FOREIGN PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 425A00015939



COVER LETTER

TO: Amending	ent Section Division of Corporati	ons			
SUBJECT:	Henkel Corporation				
	Name	e of Corporation			
DOCUMENT NU	MBER: F17000003927				
The enclosed Ame	endment and fee are submitted for	filing.			
Please return all co	orrespondence concerning this ma	tter to the following:			
	Ronald Papke				
	Name of Contact Person				
	Henkel Corporation	<u></u> _			
	Firm/Company				
	One Henkel Way				
	Address				
	Rocky Hill, CT, 06067				
	City/State and Zip Code			~~	
	LSMC@henkel.com			025	
E-mail addre	ss: (to be used for future annual r	eport notification)		SET	, , , , ,
For further informa	ation concerning this matter, pleas	se call:		2025 SEP 10	,
R	onald Papke	at (860)	380-4728	;;;;	0 1
	e of Contact Person		Daytime Telephone Nur	mber 👸	The state of the s
Enclosed is a check	k for the following amount:				PH 2: 37
Ź\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Certified Copy	•	Filing Fcc, e of Status &	_

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

	F17000003927				
(Document	number of corporati	on (if known)			
1. H	lenkel Corporat	ion			
(Name of corporation as it	appears on the record	ls of the Department of Sta	ate)		
2. Delaware	3.	08/30/201	7		
(Incorporated under laws of)		08/30/201 (Date authorized to do	business in Flori	da)	
	SECTION II				
(4-7 COMPLETE		CABLE CHANGES)			
4. If the amendment changes the name of the corporation, v	when was the change	effected under the laws of	its jurisdiction o	of	
incorporation?			Ž		
 (Name of corporation after the amendment, adding suffinot contained in new name of the corporation) 	x "corporation," "cor	npany," or "incorporated,"	or appropriate a	ibbrevia	tion, it
not contained in new name of the corporation)					
				r*1	
(If new name is unavailable in Florida, enter alternate co	rporate name adopted	for the purpose of transac	cting business in		<u> </u>
6. If the amendment changes the period of duration, in	dicate new period of	duration.		2025 SEP	
			,	33	
			<u>;</u> ,		ه . اتس
	(New duration)		÷ .	0 1	1
			<u> </u>	PM 2: 37	<u></u>
7. If the amendment changes the jurisdiction of incorp	oration, indicate new	jurisdiction.	1	?:	d'an
· · · · · · · · · · · · · · · · · · ·			_ : -:	ည	
	(New jurisdiction)				
8. If amending the registered agent and/or registered of		ida, enter the name of th	<u>e</u>		
new registered agent and/or the new registered office	aggress:				
Name of New Registered Agent		<u> </u>			
(F	lorida street address)			
New Registered Office Address:		, Florida			
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Regi	stered Agent:				
I hereby accept the appointment as registered agent. I	am familiar with and	accept the obligations of	the position.		
Signature of New Registered Agent, if	changing				

Type of Action <u>Address</u> Title/ Capacity Name One Henkel Way, Rocky Hill, CT, 06067 Vice President, Tax William Carmichael ₩Add **□**Remove □Add Remove **□**Add Remove □Add ⊟Add 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) William Carmichael Vice President, Tax (Title of person signing) (Typed or printed name of person signing)

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

FILING FEE \$35.00