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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

REGISTERED AGENT CHANGE FLINT GROUP PACKAGING INKS NORTH AMERICA CORPORATION

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Help

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

	•	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of <u>Texas</u>	
in orde	er to change its registered office o	r registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Flint Group Packs	aging Inks North America Corporation	
	office address: EL PARK DRIVE SUITE:300 LIV	ONIA, MI 48152	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/28/2019	Document number: F19000004899	
	d street address of the current regi rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	CORPORATION SERVICE COM	MPANY	
	1201 HAYS STREET TALLAHA	ASSEE, FL 32301-2525	9WI 2
			O SEP
6. The name and street address of the new registered ag (if changed):		red agent (if changed) and /or registered office	22
(it changes).	C T Corporation System		祖二:こ
	1200 South Pine Island Road		~ ~
	Plantation, Florida 33324	P.O. Box NOT acceptable	-
The street address changed will	ess of its registered office and the	e street address of the business office of its registered a	igent,
Such change w authorized by t	as authorized by resolution duly he board, or the corporation has l	adopted by its board of directors or by an officer so been notified in writing of the change.	
Matalia Pickons		Natalie Pickens, Secretary	
Signatu	ire of an officer or director	Printed or typed name and title	
l further agree of my duties, ar document is be	to comply with the provisions of nd I am familiar with und accept ing filed merely to reflect a chan s been notified in writing of this i	gent and agree to act in this capacity. all statutes relative to the proper and complete perfort the obligation of my position as registered agent. Or, ge in the registered office address, I hereby confirm the change.	if this
1 Portation	1 3 y 5 W 111	09/21/2020	
Sig	mature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Jennifer Kurz, A	sst Secretary		
7	yped or Printed Name	_	
	***********	NC FFF: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: