

F94000000880

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) 222-1092
Fax Number : (850) 878-5368

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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
SALOV NORTH AMERICA CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SALOV NORTH AMERICA CORP.

Name of Corporation

DOCUMENT NUMBER: F94000000880

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:

Debra Paxton

Name of Contact Person

SALOV North America Corp.

Firm/Company

9 Polite Avenue, 10th Floor

Address

Lyndhurst, NJ 07071

City/State and Zip Code

dpaxton@salo-va.com

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

For further information concerning this matter, please call:

Debra Paxton

Name of Contact Person

at (

201

525-2900

) 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

C021:045 (8/05)

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 New York
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SALOV NORTH AMERICA CORP.
2. The principal office address: 9 POLITO AVENUE 10TH FLOOR LYNDHURST, NEW JERSEY 07071
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/22/1994 Document number: F94000000880

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)

THRIFT, WILLIAM S
1005 EDMINSTON PLACE
LONGWOOD FL 32779 US

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

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.

William Santilli
Signature of an officer or director

William Santilli - CFO
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: C T Corporation System Juan Grajeda
Assistant Secretary
Signature of Registered Agent

11/2/11
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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