F9800001836

、 (Red	questor's Name)	
(Add	dress)	·
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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ACCOUNT NO. : I2000000195

REFERENCE : 061368 7434654

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ORDER	DATE	January	16	20	112								

ORDER DATE: January 16, 2012

ORDER TIME : 9:52 AM

ORDER NO. : 061368-006

CUSTOMER NO: 7434654

CHANGE OF AGENT

NAME: SPECTRUM BRANDS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Delaware to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: SPECTRUM BRANDS, INC.
2. The principal	office address:
601 Rayova	c Drive, Madison, WI 53711
	ddress (if different):thwinds Parkway, Suite 550, Alpharetta, GA 30009
4. Date of incorp	oration/qualification: 03/31/1998 Document number: F98000001836
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	1200 South Pine Island Road Plantation, FL 33324 street address of the new registered agent (if changed) and /or registered office Corporation Service Company
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signatur	Maureen Cathell, Vice President (Printed or typed name and title)
I hereby accept to I further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ag filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. on Scrvice Company 1
By:	January 13, 2012
If signing on bel	nature of Registered Agent) (Date)
	, Asst. Vice President
	yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *