

F980000006810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400036260054

05/14/04--01035--006 **35.00

FILED
04 MAY 14 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN MAY 19 2004

B A. change

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA NONWOVENS, INC.
(Name of corporation)

DOCUMENT NUMBER: F98000006810

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:

ROBERT K. OWEN
(Name of person)

WESTERN NONWOVENS, INC.
(Name of firm/company)

966 SANDHILL AVENUE
(Address)

CARSON CA 90746
(City/state and zip code)

For further information concerning this matter, please call:

MICHAEL WOOD at (310) 767-1000 X203
(Name of person) (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
409 E. Gaines Street
Tallahassee, FL 32399

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

1. The name of the corporation: FLORIDA NONWOVENS, INC.
2. The principal office address: 1111 CENTRAL FLORIDA PKWY
ORLANDO FL 32837
3. The mailing address (if different): 966 SANDBILL AVENUE, CARSON
CA 90746
4. Date of incorporation/qualification: 12/15/98 Document number: F98000006810

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

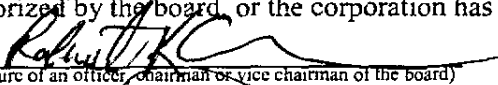
NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32314

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
(P.O. Box or personal mailbox NOT acceptable)
1200 South Pine Island Road, 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.


(Signature of an officer, chairman or vice chairman of the board)

ROBERT K. OWEN 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.

C T Corporation System

By: 

(Signature of Registered Agent)

5/12/04

(Date)

If signing on behalf of an entity:

PETER F. SOUZA
ASSISTANT SECRETARY

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

04 MAY 14 PM 3:43
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA