

3/5/2014 16:18:41 From: To: 8506176380

Division of Corporations

H71708

(1/5)

Page 1 of 1

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

**\*\*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  
ADAPCO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

*RA/RO Change*

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Corporate Filing Menu

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

14 MAR -5 PM 9:41

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Adapco, Inc.  
Name of Corporation

DOCUMENT NUMBER: H71708

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:

Emily Moniz

Name of Contact Person

CT Corporation

Firm/Company

155 Federal St. Suite 700

Address

Boston MA 02110

City/State and Zip Code

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

For further information concerning this matter, please call:

Emily Moni

617

531 5827

Name of Contact Person

at (

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

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

1. The name of the corporation: ADAPCO, INC.
2. The principal office address: 550 AERO LN SANFORD, FL 32771-6342
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08-19-1985 Document number: H71708
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)

STEPHEN M BURT

550 AERO LANE

SANFORD, FL 32771

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.

  
\_\_\_\_\_  
Signature of an officer or director

Lisa Shdeed Vice President

\_\_\_\_\_  
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

3-5-14  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

C T Corporation System  
\_\_\_\_\_  
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

CR2E045 (03/12)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAR -5 PM 9:41

**POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT KODA Distribution Group, Inc., a Corporation** incorporated under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Olga Hinkel, Kendra Jesus & Lisa Shdeed, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Olga Hinkel, Kendra Jesus & Lisa Shdeed shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned.

4<sup>th</sup> IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on the day of March, 2014.

KODA Distributions Group, Inc.

By: Terence P. Moriarty  
Name: Terence P. Moriarty  
Title: Chief Financial Officer

State of CT  
County of

On the 4 day of March, 2014, before me, the undersigned, a Notary Public in and for said State, personally appeared Terence P. Moriarty, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Stefania A. Magnano  
Notary Public



**SCHEDULE A**

List of direct or indirect owner of subsidiary entities:

Company	State of Incorporation
Adapco, Inc.	FL
Advanced Specialized Technologies, Inc.	MN
Specialty Professional Products, Inc.	DE
Marcor Development Corp.	NJ
Dewolf Chemical, Inc.	DE
Glenn, Inc.	DE
Red River Specialties, Inc.	LA

Initial: \_\_\_\_\_