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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JAN 2 9 2015 T. CARTER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: January 22, 2015

Order#: 468888/023

Re: KLP INTERIORS LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: _KLP INTERIO	RS LLC		
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(t)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
-		2020 Ponce de Leon Boulevard, Suite 907			
		Coral Gables, FL 33134	_		
		05/25/2004	_	L0400003	
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Ronald R. Fieldstone, Esq.			
		Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		200 S. Biscayne Boulevard, Suite 3600			
		Miami , FL	33131	l	15 ITAL
					JAN JAN
	(b)				FINANTA PAR
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :	22.7m
		4004 Harris Olmani			PH :::00
		1201 Hays Street NEW Registered Office Address:			STA OR
		Negistrica Office Addicss.			TE NOA
		Tallahassee , FL	32301		
the age wa	char ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regis ability co of the lim	stered office impany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Lowell D. Plotkin	Low	ell D. Plotkir	n, Authorized Person
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to r	visio obli nere	y accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I is inspiriting of this change.	ree to act performo d for in (hereby co	in this capa ance of my a Chapter 605, onfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Sig	natur	e of Repistered Agent Corporation Service Company	BY: S	ylvia Quep	pet, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00