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EXAMINER

COVER LETTER

Division of Corporations CSM Paper & Film, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Alan L. Young Name of Person CSM Paper & Film, LLC Firm/Company 2785 Park Square Place East Ámelia Island, FL 32034 City/State and Zip Code ayoung@csmpaper.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: A 17.24 6 19 16 50 Alan L Young 904 Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building
2661 Executive Center Circle P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25-Filing Fee For AG LINES LIFE \$55 Filing Fee & Certified Copy

TO: \(Registration Section

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:	CSM Paper & Film, LLC	
2. (a) Principal office address of limited liability compar	ny: CSM Paper & Film, LLC	
(Note: MUST BE STREET ADDRESS)	2785 Park Square Place East Amelia Island, FL 32034	
(b) Mailing address of limited liability company:	CSM Paper & Film, LLC	
(Note: MAY BE POST OFFICE BOX)	P.O. Box 16915 Amelia Island, FL 32035	
October 6, 2009	L09000096644	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
Registered Agent:	Corporation Service Company	
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Alan L. Young 2785 Park Square Place East	
MOST BUT BOXED TO THE TOTAL STATE OF THE PROPERTY OF THE PROPE	Amelia Island ,FL32034	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office	
Printed or typed name of signee	<u> </u>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress Unereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in a perely reflect a change in the registered office my has been notified in writing of this change.	
Signification of Registered Agent		

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