M030000019

(Requestor's Name)									
(Address)									
(Address)									
(Cit	y/State/Zip/Phor	ne #)							
PICK-UP	☐ WAIT	MAIL.							
(Business Entity Name)									
(Document Number)									
Certified Copies	_ Certificate	es of Status							
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SECRETARY OF STATE
ANALYSEF, FLORID.



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: August 3, 2015

Order#: 720080-131

Re: MEADWESTVACO PACKAGING SYSTEMS, 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 Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.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	ame of the limited liability company: MEADWES	TVAC	O PACE	AGING SYSTE	MS, LLC		
2.	(a)	501 South 5th Street		(b)	501 South 5th Street			
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Richmond VA 23219			Richmond	VA	23219	
2		12/31/2002		_	M0300000019			
3.		Date of filing/registration in Florida		4.	Docu	ment numb	er	
5.	(a)							
		Registered Agent and Registered Office shown on the records	s of the	e Florida I	Dept. of State:			
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					As ÷	
							TO BE WITH	
		Plantation ,	, FL_	33324			AUG -5	
	(b)	Corporation Service Company						
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered O	ffice addr	<u>ess</u> :		AMILI: 05 EFF. FLORIDA	
		1201 Hays Street					A	
		NEW Registered Office Address:						
			<u>.</u>					
		Tallahassee	, FL	32301				
the ag wa	e cha ent w is/we	imited liability company is not organized under the enge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of	s of the d liab ers of	ne registe ility con the limit	ered office and the npany, it is herebed liability comp	he business by confirme	office of the registered d that the change(s)	
	Signat	ture of a member or authorized representative of a member		Dona	Priebe, Authoriz			
I i pro the to	herel ovisio obli mere tified	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree lete pe ided j i, I he	e to act i erformar for in Ch reby con	n this capacity	d or typed nan I further ag and I am fo Or, if this a ited liabili	ree to comply with the	
Si	<u>>k</u> gnatur	re of Registered Agent Corporation Service Compan	ıy I	BY: Gra	ce E. Kirby, A	sst. Vice P	resident	

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