Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000252566 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tot

Division of Corporations

Fax Number : (850)205-0380

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

: (850)222-9428

REGISTERED AGENT CHANGE

XL ADHESIVES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Glacificate Plants

GAMBARAMA FINAL

Public Access Value

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

Pursuant to the provisions liability company submits to agent, or both, in the State of	of sections 608.416 or 608.508, Florida Statutes, the undersigned limited the following statement in order to change its registered affice or registered of Florida.
1. The name of the limited	liability company is: XL Adhesives, LLC
2. The mailing address of t	he limited liability company is:
1300 Tierco Drive, Dalton, Geo	rgie 30720
May 12, 2003	M03000001500
3. Date of filing/registration	n in Florida 4. Document number
5. The name of the registere Plorida Department of St	ed agent and the registered office address as shown on the records of the age:
<u>.</u> !	Corporation Service Company
	Name 2 2
_1	1201 Haye Street
-	Address
	City, State and Zip
6. The name and address of	Corporation Services Company Name 201 Haye Street
	·F. 9
<u>c</u>	T Corporation System
	Name S
	200 South Pine Island Road
	Florida street address (P.O. Box NOT acceptable)
<u>. F</u>	Manuation FL 33324
	City, State and Zip
confirmed that after the char and the business office of the liability company, it is here! the members of the limited the operating agreement of the	any is not organized under the laws of the State of Florida, it is hereby nge or changes are made, the Florida street address of the registered office the registered agent will be identical. Or, in the case of a Florida limited by confirmed that the change(s) was/were authorized by an affirmative vote of liability company or as otherwise provided in the articles of organization or the limited liability company.
Signature of a momber or authorized T CHRIS Hot	1 representative of a member)
(Printed or typed flame of signee)	
I hereby accept the appoint comply with the provisions of and I am familiar with and a Chapter 508, F.S. Or, if this address, I hereby confirm the CT Corporation from the CT Corporation from (Signature of Repinered Agent)	ment as registered agent and agree to act in this capacity. I further agree to of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for in a document is being filed to merely reflect a change in the registered office act the limited liability company has been notified in writing of this change. OALL W. MORRIS ASSISTANT VICE PRESIDENT
	of Corporations, P.O. Box 6327, Tallahassee, FL 32314
NHS18(10/99)	FILING FEE: \$25.00

VLAIS- 9/27/99 C T Zyram Calles