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.

(((H04000196059 3)))

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

To:

Division of Corporations

Fax Number

. (850)205-0380

From:

Account Name | C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Humber : (850)222-9428

REGISTERED AGENT CHANGE

INVISTA S.A.R.L., LLC

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

Thatrone The Mount

Carporate Nies

Public Arreads walls

https://efile.sunbiz.org/scripts/efilcovr.exe

425:10 40-05-q9

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	ië following staten	16 or 608.508, Florida Si nent in order to change its	atuses, the under registered offic	rsigned lit :e or regis:	nited tered	
1. The name of the limited l	iability company is	: Invista S.A.R.L., LLC				
2. The mailing address of the	e limited liability o	company is ; 4123 E. 37th St	reet North, Wichits,	KS 67220		
3-17-2004		Maya	0000 10 26			
3. Date of filing/registration in Florida 4. Document number						
5. The name of the registered Plorida Department of Sta	i agent and the regi	istered office address as sh	own on the recor	ds of the		
.5	emoration Service Col	DEFIN				
		Name				
<u> 1</u>	101 Hays Street	Address	- 			
T.	diahassee, FL 3230)	William				
نت.		, State and Zip		<	Ç.	
6. The name and address of I	he new registered a	igent and/or office:			53 53 70	
<u>c.</u>	Corporation System			150 -	3	""" "
		Name		E C		
	10 South Fine Island Re				7	
ŀ	lorida street addres	is (P.O. Box NOT acceptal	ble)	පීද්.	ত়	
Pi	Intation	FL 33324		Shous	(J)	
-	City,	State and Zip		•		
If the limited liability compar- confirmed that after the chan- and the business office of the liability company, it is hereby the members of the limited li- the operating agreement of the	ge or changes are no registered agent was confirmed that the ability company or a limited liability of	nade, the Florida street add fill be identical. Or, in the change(s) was/were authous as otherwise provided in the company.	ress of the regist case of a Plorida orized by an affin	ered office limited mative vot	a of	
(Signature of member or authorized	representative of a memb					
Craig M. Munson, Men (Printed of typed name of signes)	rer					
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this address, I hereby confirm that CT Cosposition special	tent as registered a fall statutes relative copt the obligation document is being the limited Itabili	gent and agree to act in the to the proper and complete to the proper and complete of my position as registe filed to merely reflect a chip company has been notifi	is capacity. I fur tie performance o red agent as pro- ange in the regis sed in writing of t	ther agree of my dutie vided for it tered office this change	: {0 !J, r =	
(Signature of Registered Agent) Division of	L. Miles-As Corporations, P.	O. hor 6327, Tallahassos	, FL 32314			
MH318(10/90)	FILM	NG FEE: \$25.00				
FLDTS-12778 C T Sapun Color					TOTAL	P.(