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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086

Phone : (561)508-5033 Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter columnia

Email Address:

LLC REGISTERED AGENT CHANGE GREIF PACKAGING LLC

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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.

ame of the limited liability company:	Greif Packaging	LLC	
425 WINTER ROAD, DELAW	ARE, OH 43015	(b)	425 WINTER ROAD, DELAWARE, OH 43015
Principal office address of limited in (Note: MUST BE STREET.)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
11/04/2004		M	04000004790
Date of filing/registration i	n Florida	4.	Document number
C T CORPORATION SYSTE	М		
Registered Agent and Registered Office sho		Florida De	pt. of State:
1200 SOUTH PINE ISLAND			SE SE
Registered Office Address (MUST BE	FLORIDA STREET ADI	<u>288332</u>	
PLANTATION	, FL 30	3324	2011 SEP -1 AM 9:
United Agent Group Inc.			
Enter name of NEW Registered Agent an	d/or NEW Registered Of	lice addre	s:
11380 Prosperity Farms Roa	ad #221E		
NEW Registered Office Address:			
Palm Beach Gardens	, FL_3:	3410	
			
lange or changes are made, the Floric will be identical. Or, in the case of vere authorized by an affirmative vot ticles of organization or the operating	ta street address of the a Florida limited liable of the members of the ling agreement of the ling.	e registe ility com he limite nited lia	ate of Florida, it is hereby confirmed that after red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. Aysi Vazquez. A TO Y MC 1 - France or typed name of signee
anure of a membri or authorized representati	ve of a member		
eby accept the appointment as regist sions of all statules relative to the pr oligations of my position as registere rely reflect a change in the registere ed in writing of this change.	ered agent and agree oper and complete pe d agent as provided j d office address, I he	to act in erforman for in Ch reby con	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
70 14 1	Special Secretary		