## M0400000 4190

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 24, 2019

Order#: 910315-042

Re: GRETF PACKAGING 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: Ami Casper c/o Corporation Service Company 251 Little Falls Drive 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.

OUCA.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: GREIF PACKAC  | GING LLC  |  |  |  |
|--|---|---|--|--|--|
| 2. (a)   | 425 Winter Road   | (h)   |  |  |  |
| , ,  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (11)  | Mai  |  | limited liability company:  POST OFFICE BOX)   |
|  | Delaware, OH 43015  | _ ·   | -  |  | 11211718   |
|  | 11/04/2004  |   | M04000004  | 790  |  |
| 3.   | Date of filing/registration in Florida  | ·1.   | De   | ocument num  | iber   |
| 5. (a)   | United Agent Group Inc.   |   |  |  |  |
| , ,  | Registered Agent and Registered Office shown on the records of a  | he Florida I  | Dept. of State:  |  |  |
|  | 11380 Prosperity Farms Road, #221E  |   |  |  |  |
|  | Registered Office Address (MUST BE FLORIDA STREET A   | DDRESS  |  |  |  |
|  | Palm Beach Gardens FI   |   | <del></del>  |  |  |
|  | Palm Beach Gardens FL.  | 33410   |  |  | <u> </u>   |
| (b) _  | Corporation Service Company   |   |  |  |  |
|  | Enter name of NEW Registered Agent and/or NEW Registered Office address:  |   |  |  | ्र पूर्व पर  |
|  |   | _   |  |  | 25 7   |
|  | 1201 Hays Street  |   |  |  |  |
|  | NEW Registered Office Address:  |   |  |  | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)  |
|  |   | ···   |  |  | <b>3</b>   |
|  | Tallahassee, FL_  | 32301   |  |  |  |
| he cha<br>igent w<br>vas/we                          | imited liability company is not organized under the law<br>inge or changes are made, the Florida street address of a<br>will be identical. Or, in the case of a Florida limited lial<br>are authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the l | the registe<br>bility com<br>f the limite             | red office ar<br>pany, it is he<br>ed liability co               | d the busines<br>reby confirm<br>impany or as  | ss office of the registered<br>that the change(s)  |
| /s/ .  | Jill Cilmi  | Jill Çil  | mi, Authorize  | ed Person  |  |
| Signat   | ure of a member or authorized representative of a member  | <del></del>   | Pr   | inted or typed n   | ame of signee  |
| I herek<br>provisio<br>he obli<br>o mere<br>iotified | by accept the appointment as registered agent and agre<br>ons of all statutes relative to the proper and complete p<br>igations of my position as registered agent as provided<br>by reflect a change in the registered office address. I have<br>tin writing of this change                                | ee to act in<br>performan<br>I for in Ch<br>ereby con | i this capacii<br>ce of my dut<br>apter 605, F.<br>firm that the | v. I further over the season of the season o | ngree to comply with the<br>familiar with and accept<br>document is being filed<br>lity company has been |
| Signatui   | c of Registered Agent Corporation Service Company   | BV: Am  | i M. Caepar  | Annt Mina  | Denoted one  |

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