## MOGOOOGESO

(Re	questor's Name)					
(Ad	dress)					
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(Cit	y/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: November 11, 2016

Order#: 362164-008

Re: WAUSAU PAPER TOWEL & TISSUE, 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: Janis M. Smith 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.

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	me of the limited liability company: WAUSAU PAPER	R TOWE	L & TISSU	IE, LLC			
2	(a)	100 Paper Place	(b)	200 Par	per Place			
۷.	( <i>a</i> )	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)			
		Mosinee, WI 54455	_	Mosinee,	WI 54455			
		12/15/2006		M0600000	06980			
3.		Date of filing/registration in Florida	4.	· · · · · · · · · · · · · · · · · · ·	Document number			
5.	(a)	C T Corporation System						
	•	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	· :			
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		·			
		Plantation , FL_	33324		2016 H	<u>h</u>		
	(b)	Corporation Service Company	······································		RETAR AHASS	F	,	
		Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	Y OF S	Ē	· · · · · · · · · · · · · · · · · · ·	
		1201 Hays Street			RA ♥	O		
		NEW Registered Office Address;			ID: 00			
					•		*# Î	
		Tallahassee, FL_	32301		•			
the ag	e cha entiv as/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regis bility co the limi imited li	tered office mpany, it is ited liability ability con	and the business of s hereby confirmed the y company or as othe spany.	fice of the hat the ch	registered ange(s)	
Signature of a member or authorized representative of a member				n S. Gorma	orman, Manager Printed or typed name of signee			
I pr th to no	here ovisi e obl mere tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	performa for in C ereby co	ince of my i Chapter 605 Infirm that	acity. I further agree	e to compl iliar with sument is l company k	ana accept being filed aas been	