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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@cscgolbal.com

Date: September 16, 2015

Order#: 780076-019

Re: SCHWARZ PARTNERS PACKAGING MIAMI, 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 convergence:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.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

Floria 1. N	ame of the limited liability	company: SCHWARZ PA	ARTNERS P	PACKAGING MIAMI, LLC		
	1101 E 33rd Street		(b)	1101 E 33rd Street		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Hialeah	FL 33013		Hialeah, FL 33013		
	07/25/2007			M07000004443	 -	
3.	Date of filing/reg	gistration in Florida	4.	Document number		
5. (a) NRAI Services, Inc					
J. (u	/	ed Office shown on the records o	f the Florida D	Dept. of State:		
	515 E Park Avenue					
	Tallahassee	, F	L 32301	SECE ALLA	71	
(b)	Corporation Service Co	mpany		SEP AHAS	- 1 	
` '	Enter name of <u>NEW Register</u>	ed Agent and/or NEW Registere	ed Office addr	P 18 A II: 49 TARY OF STATE TASSEE, FLORID		
	1201 Hays Street			777	O	
	NEW Registered Office Addr	≥ \$S:		STATE STATE		
			·			
	Tallahassee	, F	L 32301			
the chagent was/v	nange or changes are made, will be identical. Or, in th	the Florida street address of e case of a Florida limited native vote of the members	of the registor liability con s of the limit he limited lia	<u>-</u>	e registere nange(s)	
Qi ₀	nature of a member or authorized	representative of a member	Dona	Priebe, Authorized Person Printed or typed name of signee		
I her provi the oil to me	ehy accept the appointment	as registered agent and a to the proper and complet registered agent as provid registered office address,	gree to act i te performan ted for in Ch I hereby cor	in this capacity. I further agree to comp nce of my duties, and I am familiar with hapter 605, F.S. Or, if this document is nfirm that the limited liability company	oly with the and accep being filed has been	

Signature of Registered Agent Corporation Service Company

BY: Grace E. Kirby, Assistant VP