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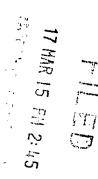
(Requestor's Name)							
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(Document Number)							
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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 13, 2017

Order#: 532184-107

Re: JARDEN LUX FINCO S.A.R.L. (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 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.

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.

	me of the limited liability com	pany: JARDEN LUX			·)	
2. (a)	2381 Executive Center Drive Principal office address of lir (Note: MUST BE STA	• • •	(b)		Aailing address of limite (<u>Note: MAY BE POS</u>	
	c/o Jarden Corporation					
	BOCA RATON	FL 33431	. -	·		
	08/11/2010		_	M1000000)3584	
3.	Date of filing/registra	tion in Florida	4.		Document number	
5. (a)	C T CORPORATION SYST	EM				
	Registered Agent and Registered Off	ice shown on the records of	the Florida D	ept. of State	:	
	1200 SOUTH PINE ISLAND	ROAD				
	Registered Office Address (MUS)	T BE FLORIDA STREET	ADDRESS)			
						12 mg
	PLANTATION	, FL	33324	<u>_</u>		善新加
		,				
(b)						
	Enter name of <u>NEW Registered Age</u>	nt and/or NEW Registered	Office addre	ess:		*
						5
	1201 Hays Street					
	NEW Registered Office Address:					
	Tellahasas					
	Tallahassee	, FL	, 32301			
he char ngent w was/we	mited liability company is not onge or changes are made, the Fill be identical. Or, in the case authorized by an affirmative set of organization or the open	lorida street address of of a Florida limited li- vote of the members of	the registe ability com of the limite	red office pany, it is ed liability	and the business of hereby confirmed t company or as other	fice of the registered hat the change(s)
	Xel & Wilh	el	Jill Cili	mi, Authori	ized Person	
Signati	ure of a member or authorized represe	ntative of a member			Printed or typed name of	of signee
prov isit he obli o mere	y sceept the appointment as re ons of all statules relative to the gations of my position as regis. ly reflect a change in the regist in writing of this change.	gistered agent and agr e proper and complete tered agent us provide ared office address, I	ree to act ir performan d for in Ch hereby con	i this capa ce of my d apter 605, firm that ti	city. I further agred uties, and I am fam, F.S. Or, if this doc he limited liability c	e to comply with the iliar with and accept rument is being filed company has been
Signatur	e of Registered Agent Corporation	Service Company	BY: Am	i M. Casp	er, Asst. Vice Pre	sident

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