

MIID000002994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

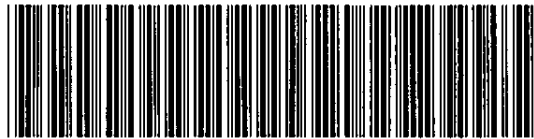
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700277288757

FILED

15 SEP 22 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2015 SEP 22 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 23 2015

S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 791812 7724462

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : September 21, 2015

ORDER TIME : 9:09 AM

ORDER NO. : 791812-005

CUSTOMER NO: 7724462

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: ROCKTENN CP, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCKTENN CP, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT B. MCINTOSH

Name of Person

WESTROCK CP, LLC

Firm/Company

504 THRASHER STREET

Address

NORCROSS, GA 30092

City/State and Zip Code

legal department @ westrock.com

E-mail address! (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL FRANCIS

Name of Person

at (678) 291-7423

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: ROCKTENN CP, LLC
2. The Florida document number of this limited liability company is: M11000002994
3. Jurisdiction of its organization: DELAWARE
4. Date authorized to do business in Florida: 13TH JUNE, 2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: WESTROCK CP, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
- _____

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Robert B. McIntosh

Signature of the authorized representative

ROBERT B. MCINTOSH

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ROCKTENN CP, LLC", CHANGING ITS NAME FROM "ROCKTENN CP, LLC" TO "WESTROCK CP, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF AUGUST, A.D. 2015, AT 4:13 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF SEPTEMBER, A.D. 2015.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4930125 8100

151192685

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2663464

DATE: 08-20-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:34 PM 08/19/2015
FILED 04:13 PM 08/19/2015
SRV 151192685 - 4930125 FILE

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

ROCKTENN CP, LLC

The RockTenn CP, LLC (the "Company"), a limited liability company organized and existing under and by the virtue of the Delaware Limited Liability Company Act (the "Act"), pursuant to Section 18-202 of the Act does hereby certify:

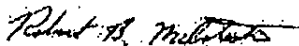
FIRST: That the name of the limited liability company is RockTenn CP, LLC.

SECOND: The Certificate of Formation of the Company dated as of January 21, 2011 is hereby amended by deleting Article 1 in its entirety and replacing it with the following new Article:

"1. The name of the company is WestRock CP, LLC."

IN WITNESS WHEREOF, the Company has caused this certificate to be signed this
18th day of August, 2015.

ROCKTENN CP, LLC



By: Robert B. McIntosh
Title: Executive Vice President, General
Counsel and Secretary

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TALLAHASSEE, FLORIDA

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