(Requestor's Name)	
(Address)	
	Address)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of	f Status
Special Instructions to F	Filing Officer:	
	J. HC	ORNE
	NOV -	- 7 2024

Office Use Only



200439215412

FILED 2024 NOV -6 ANTIN: 33

2024 NOV -6 FM 3: 14

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

ACCOUNT NO. : I	2000000195			
REFERENCE :				
AUTHORIZATION :				
COST LIMIT : \$	25.0			
ORDER DATE : 11/06/24				
ORDER TIME :				
ORDER NO. :				
CUSTOMER NO:				
FOREIGN FILING	<u>s</u>			
NAME: WestRock 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:				
EXAMIN	ER:			

COVER LETTER

	tegistration Section Division of Corporations		
SUBJEC	CT: WestRock CP, LLC Name of Forci	gn Limited Liab	pility Company
Dear Sir	or Madam:		•
The encl	osed application, certificate and fee(s	s) are submitted f	for filing.
Please re	turn all correspondence concerning the	his matter to the	following:
GAIL R. G	GREEN		
	Name of Person		_
SMURFIT	WESTROCK PLC		
	Firm/Company		-
1000 ABE	RNATHY ROAD, NE		
	Address		-
ATLANT	A, GA 30328		
	City/State and Zip Coo	de	_
GAIL.GR	EEN@SMUFITWESTROCK.COM		
E-mail	address: (to be used for future annua	il report notificat	tion)
Can Comb	an information companies this matter	براموم ممال	
GAIL R G	er information concerning this matter	, prease carr.	686-9083
	Name of Person	at (
R	lailing Address: egistration Section vivision of Corporations		Street Address: Registration Section Division of Corporations
P	O. Box 6327	The Centre of Tallahassee	
Т	allahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	nclosed is a check for the following	_	Eas & D \$60 Filing Eas
□\$25 Fil	ing Fee	☐ \$55 Filing F Certified Co	opy Certificate of Status &
CR2E055 (9	V15)		Certified Copy

2

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 appear	rs on the records of the Florida Department of
State: WestRock CP, LLC	
Enter new principal office address, if applicable:	N/A S
(Principal office address	
MUST BE A STREET ADDRESS)	
•	1150
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lia	ability company is: M11000002994
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: $\frac{06/1}{1}$	3/2011
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: $\frac{N}{N}$	/A t contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(mus	t contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent: N/A	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida
New Registered Agent's Signature, if changing Re	
I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

Authorized S	Signer/Officer Change		
itle/ Capacity	Name	Address	Type of Action
Secretary 	Steven B. Nickerson	1000 Abernathy Rd, NE, Atlanta, GA 30328	BAdd
			□Remo
Assistant decretary	Jane L. Batcheller	1000 Abernathy Rd, NE, Atlanta, GA 30328	BAdd
			□Remo
			Remo
		_	□Add
			Remo
<u></u>			□Add
aforemention	nder the law of which this entity is	ted by the official having custody of records in the	□Remov

Filing Fee: \$25.00 AMEND-19918

WESTROCK CP, LLC

ASSISTANT SECRETARY'S CERTIFICATE

Jane L. Batcheller, being the undersigned, hereby certifies that she is an Assistant Secretary of WestRock CP, LLC, a Delaware corporation (the "Company") and that, as such, she is authorized to execute this certificate on behalf of Company and further certifies as follows:

1. The following individual is authorized to act as an agent on behalf of the Company, and as such, she is authorized to execute and sign documents related to the transfer of titles on six (6) trailers, pay the taxes, purchase license plates for the six trailers, and apply for a lost tag for one flatbed trailer. The signature of such person appearing opposite her name below is her genuine signature.

Name

Title

Signature

Jonela Morre

Pamela Moore

Supervisor Office Supply

IN WITNESS WHEREOF, the undersigned has hereunto set her hand as of this 304

day of October 2024.

Jane L. Batcheller Assistant Secretary

STATE OF GEORGIA

SS: ATLANTA

COUNTY OF FULTON

On this <u>30^{HC} day</u> of October 2024, before me, Gail R. Green, the undersigned notary public, personal appeared Jane L. Batcheller, personally known to me to be the person whose name is subscribed to the attached instrument and acknowledged to me that she executed the same for the purpose therein stated.

Gail R. Green

Notary Public, State of Georgia

My Commissions expires September 10, 2026

GAIL R GREEN
NOTARY PUBLIC
Cobb County
State of Georgia
Wy Comm. Expires September 10, 2026

COVER LETTER

TO: Registration Section Division of Corporations	
Sittision of corporations	
SUBJECT: WestRock CP, LLC	
Name of Foreign Limited Lia	bility 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	e following:
GAIL R. GREEN	
Name of Person	_
SMURFIT WESTROCK PLC	
Firm/Company	_
1000 ABERNATHY ROAD, NE	
Address	_
ATLANTA, GA 30328	
City/State and Zip Code	_
GAIL,GREEN@SMUFITWESTROCK.COM	
E-mail address: (to be used for future annual report notification)	ation)
For further information concerning this matter, please call:	
GAIL R GREEN 770	686-9083
Name of Person Area Code	e & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount: \$\Begin{align*} \Psi & \Pri & \P	