

12/10/2018

2018-12-11 11:05:00 CST

46144532862 From: James Tanks III

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
18 DEC 10 AM 8:55
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RFP ATLAS SALES LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

PLEASE HONOR ORIGINAL FILING DATE 12/10/2018

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Help

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: RFP Atlas Sales LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000007467

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 09/20/2016

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

5. New name of the limited liability company: Resolute Tissue 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 officer 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:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), 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
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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.


Signature of the authorized representative

Jacques P. Vachon Vice President

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

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 "RFP ATLAS SALES LLC", CHANGING ITS NAME FROM "RFP ATLAS SALES LLC" TO "RESOLUTE TISSUE LLC", FILED IN THIS OFFICE ON THE FOURTH DAY OF DECEMBER, A.D. 2018, AT 11:16 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TENTH DAY OF DECEMBER, A.D. 2018.



5995668 8100
SR# 20187944449

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204025224
Date: 12-05-18

State of Delaware
Secretary of State
Division of Corporations
Delivered: 11:16 AM 12/04/2018
FILED: 11:16 AM 12/04/2018
SR 20187944449 - File Number: 5995668

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: RFP Atlas Sales LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article 1 is amended as follows: the Name of the Limited Liability Company is Resolute Tissue LLC

3. This Amendment filing has a future effective date of December 10th, 2018

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 28th day of November, A.D. 2018

By

Authorized Person(s)

Name: Jacques P. Vachon
Print or Type