

(Requestor's Name)				
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PICK-UP		☐ MAIL		
(Business Entity Name)				
(Document Number)				
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R. WHITE APR 2 9 2020



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: April 15, 2020

Order#: 262485-010

Re: SILVER-LINE PLASTICS LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive 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.

1.	Na	me of the limited liability company: SILVER-LINE PL	ASTICS	S LLC
,	(a)	900 RIVERSIDE DRIVE	(b)	900 RIVERSIDE DRIVE
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		ASHEVILLE, NC 28804	_	ASHEVILLE, NC 28804
		10/28/2019		M19000010385
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	CASSIDY, ROBERT		
J. (a	(4)	Registered Agent and Registered Office shown on the records of the	he Florida	1 Dept. of State:
		3206 ENTERPRISE ROAD		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		FORT PIERCE . FL	34982	2
(b)	(b)	Corporation Service Company		:
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:
				 : 2
		1201 Hays Street		
		NEW Registered Office Address:		
		Tallahassee , FL	32301	
the ag wa	ent v ent v is/we arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law. /s/ William H. Beard	the regis bility co f the limi limited li	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
_		ure of a member or authorized representative of a member	VVIIII	liam H. Beard, Authorized Person Printed or typed name of signee
I . pr the to no	heret ovisi obl mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided the reflect a change in the registered office address. I have the property of this change.	ee to act performa I for in C ereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605. F.S. Or, if this document is being filed onfirm that the limited liability company has been
Si	gnatu	re of Registered Agent Corporation Service Company	By: Gra	race E. Kirby, Asst. Vice President