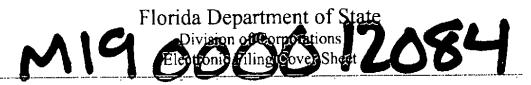
11/16/22, 2:54 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000391742 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

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

Email Address: Susan.polzin@ahlstrom-munksjo.com

LLC REGISTERED AGENT CHANGE AHLSTROM-MUNKSJO NONWOVENS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help NOV 1 7 2022

K. Brumble)

्रा काल

16082993912

Fax audit # H22000391742 3

Page: 3 of 3

STATEMENT OF CILANGE 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

2 Elm Street	(b) 2 Elm Street
Principal office address of limited liability compute (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:
Windsor Locks, Connecticut 06096	(Note: MAY BE POST OFFICE BOX)
Wildsof Edeks, Connecticut 00096	Windsor Locks, Connecticut 06096
12/19/2019	M19000012084
Date of filing/registration in Florida	4. Document number
UNITED CORPORATE SERVICES, IN	Security Manual
Registered Agent and Registered Office shown on the record 3458 Lakeshore Drive Registered Office Address (MUST BE FLORIDA STRE	
Tallahassee	FI. 32312
Business Filings Incorporated	E
Enter name of NEW Registered Agent and/or NEW Regist	stered Office address:
1000	
1200 South Pine Island Road	
NEW Registered Office Address:	<u> </u>
Plantation	_{3 FL} 33324
vill be identical. Or in the case of a Florida Similar	
ure of a moniber or humorized representative of a member	Matthew Spaulding, Authorized Representative Printed or typed name of signee
action a migrategiest migratized representative of a member	a timen or typed hame of pignee
ny accept the appointment as registered agent and a post of all statutes relative to the proper and completed agent as proving the proper and completed according to the proper and completed agent as proving the registered agent as proving the registered office address, in writing of this change. Chris Das, AVP, Business L.	agree to act in this capacity. I further agree to comply with the lele performance of my duties, and I am familiar with and accept vided for in Chapter 605, F.S. Or, if this document is being filed s, I hereby confirm that the lunited liability company has been

FILING FEE: \$25.00

INHS18 (2/14)