

# m99000001033

CT CORPORATION

CORPORATION(S) NAME

Continental Plastics Containers LLC

FILED  
02 APR 26 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
02 APR 26 AM 11:10  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                  |
| <input type="checkbox"/> Nonprofit           |   |  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                    |
|  | <input type="checkbox"/> Reinstatement          |  |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input checked="" type="checkbox"/> Change of RA |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30              |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up      |
| <input type="checkbox"/> Mail Out            |   |  |

Name	_____
Availability	_____
Document	_____
Document	_____
Examiner	_____ DCC
Updater	_____
Verifier	_____ DCC
W.P. Verifier	_____
Updater	_____
Verifier	_____ DCC
Acknowledgement	_____ DCC
660 East Jefferson Street	
Tallahassee, FL 32301	
Tel 850-222-1092	
Fax 850 222 7615	

4/26/02

Order#: 5304289

kf

Ref#: \_\_\_\_\_

700005359347--4

-04/26/02 --01046 --006  
Amount: \$ \*\*\*\*\*25.00 \*\*\*\*\*25.00

m99000001033

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Continental Plastic Containers LLC
2. The mailing address of the limited liability company is : 3101 Towercreek Parkway,  
Suite 300 Atlanta, GA 30339

July 2, 1999

3. Date of filing/registration in Florida

4. Document number

MA9000001633

5. The name of the registered agent and the registered office address as shown on the records of the  
Florida Department of State:

Corporation Service Company

Name

1201 Hays Street

Address

Tallahassee, Florida 32301

City, State and Zip

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6. The name and address of the new registered agent and/or office:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL 33324

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

R. Sehring  
(Signature of a member or authorized representative of a member)

Richard Sehring

(Printed or typed name of signer)

*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 608, 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.*

C T Corporation System

Michael E. Jones

(Signature of Registered Agent)

Assistant Secretary

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**