06000134127

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· COVER LETTER

TO: Amendment Se Division of Co	ection orporations					
SUBJECT:	S PECIALTY (Nat	PAPER	PRODUCTS,	INC.		
	(Nai	ne of Corporation	n)			
DOCUMENT NUMB	ER: Υ 06 τ	00013412	.7			
The enclosed Statemen	it of Change of Registere	d Office/Agent a	nd fee are submitted	l for filing.		
Please return all corres	pondence concerning thi	s matter to the fo	llowing:			
		M. Shin				
	(Nam	e of Contact Pers	on)			
	Specials	y Paper Firm/Company)	Produc	15. Îxc.		
	(
	8520 N	(Address)	Court			
		(Address)				
			da 333	51		
(City/State and Zip Code)						
For further information	concerning this matter,	please call:				
HCREZIL (Name	M. Shi wo	at (<u>(</u> (A	54) 543 - rea Code & Daytim	2570 e Telephone Number)		
Enclosed is a \$35.00 c	heck made payable to the	e Department of S	State.			
	Mailing Address: Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		Street Address: Amendment Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.050. The submitted for a corporation organ To change its registered office or registe	ized under the laws of ti	he State of FLOR		
1. The name of the	he corporation: SPECIALTY	PAPER PRO	DUCTS, INC	. .	
	office address: 8520 K	1. W. 2157 C	OURT		-
3. The mailing ac	ddress (if different):				-
4. Date of incorp	oration/qualification: 10 \ 20 \ 0 6	Document numbe	r: 2060001 3	34127	- -
5. The name and Florida Depart	street address of the current registered attment of State:	gent and registered offic	e on file with the		
	HEREZEL M.SHIN	٠			
	3987 N.W. 94	th way	•		
	3987 N.W. 94 Sunkisk, Flori	da 33351		07 SEC TALL	
6. The name and (if changed):	street address of the new registered ager	-	egistered office	07 JUN -4 AM 8: 50 SECRETARY OF STATE ALLAHASSEE, FLORIO,	FILE
	8520 N.W.			# 81.	
	(P.O. Box NOT acceptable))		50 AVE RHD/	
	Sunkise, FL	. 33322			
The street addre	ess of its registered office and the street be identical.	address of the business	s office of its registe	ered agent,	
	as authorized by resolution duly adopted the board, or the corporation has been no				
Hir	zel M. Sli	HEREZEL	MIH2.M -	. PRESIDEN	J T
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in the been notified in writing of this change	d agree to act in this c utes relative to the pro igation of my position te registered office add	per and complete pe	erformance Or, if this rm that the	
Hear.	graphe of Registered Agent)	6/1	107		
(Sig	grature of Registered Agent)		(Date)		
If signing on be	half of an entity:				
· · · · · · · · · · · · · · · · · · ·	yped or Printed Name)				
(1	Jan or i initial initial				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *