PAGE 05/06

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Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6380

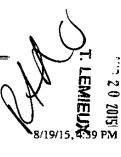
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107

Fax Number : (561)694-6107

Email Address:

REGISTERED AGENT CHANGE TICONA POLYMERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00



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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: TICONA POLYMERS, INC.	
2. The principal office address: 222 W. Las Colinas Blvd Law Dept. Ste. 900N Irving, TX 75039	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03/26/1986 Document number: P09559	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
CT CORPORATION SYSTEM	
1200 S. PINE ISLAND ROAD	
PLANTATION, FL 33324	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Corporate Creations Network Inc.	
11380 Prosperity Farms Road #221E	
P.O. Box NOT acceptable Palm Beach Gardens, FL 33410	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change has authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Kristine Duran, Attorney-in-Fact	
I hereby accept the oppointment as registered agent and agree to act in this capacity.  I further agree to construct with the provisions of all statutes relative to the proper and complete performances of my affective, and I am familiar with and accept the obligation of my position as registered agent. Or, fif his document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
08/19/2015	7
Signature of Registered Agent  Date  Date	<u>-</u>
Kristine Buran, Special Secretary  Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)