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(((H17000163823 3)))



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To:

Division of Corporations

Fax Number

Email Address:

: (850)617-6380

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.

S. TALLENT

JUN 2 1 2017

REGISTERED AGENT CHANGE

THE ROCKWOOD GROUP INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	-	502, 607,1508, or 617,1508, Florida Statutes anized under the laws of the State of Florida	, this	
		stered agent, or both, in the State of Florida.		
1. The name of	the corporation: The RockWood Group Is	nc.		
2. The principal	office address: 25110 Cabbage Ridge Ro	oad, Elkmont, Alabama 35620		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 7/2/2012	Document number: P12000058893		
5. The name and Florida Depar	street address of the current registered tment of State: (If resigned, enter resig	agent and registered office on file with the ned)		
	BUSINESS FILINGS INCORPORATED			
	515 E. PARK AVENUE			
	TALLAHASSEE, FL 32301			
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):				
Business Filings Incorporated			8: 47	
	1200 South Pine Island Road			
P.O. Box NOT acceptable				
	Plantation, Florida 33324			
The street addre	ss of its registered office and the stree be identical.	t address of the business office of its registe	red agent.	
Such change wa	nutiorized by resolution duly adopte bearing in the corporation has been n	d by its board of directors or by an officer sottled in writing of the change.	۵	
Helen Thompson, President Finaled or hyped name and fille				
Thereby accept in I further agree to performance of agent. Or, if this	V	nd agree to act in this expacity, titles relative to the proper and complete gecept the obligation of my position as regi fleet a change in the registered office addres in writing of this change.	डाहारूते घ. I	
Make Conjuni	~-	17th day of April, 2017		
Sign	sture of Registered Agent	Date		
If signing on bel	alf of an entity:			
Mark Williams, A	VP			
Ty	oed or Printed Name			
* * * FILING FEE: \$35.00 * * *				
NLA CR2E045 (03-12)	MAKE CHECKS PAYABLE TO FL IL TO: DIVISION OF CORPORATIONS, P	ORIDA DEPARTMENT OF STATE P.O. Box 6327, Tallahassee, FL 32314		

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