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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

## REGISTERED AGENT CHANGE PLASTICS PORTFOLIO, INC.

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta tange is submitted for a corporation organized under the laws of the State of ler to change its registered office or registered agent, or both, in the State of Flo		
1. The name of	f the corporation: Plastics Portfolio, Inc.		
	al office address:		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 03/28/2014 Document number: P140000	28270	)
	nd street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	the	
	UNITED STATES CORPORATION AGENTS, INC.		
	5575 S. SEMORAN BLVD		21
	ORLANDO, FL 32822		2022 DEC
6. The name ar (if changed):	nd street address of the new registered agent (if changed) and /or registered offic:	e .	-2
,	Registered Agents Inc		AH 9
	7901 4th St N STE 300		9: 19
	P.O. Box NOT acceptable St. Petersburg FL 33702		-
The street addr	ress of its registered office and the street address of the business office of its r ll be identical.	egistere	ed agent,
Such change wauthorized by	was authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	Ticer so	
Richa Signal	Jeffrey Hamilton, Presidence of an officer or director  Jeffrey Hamilton, Presidence of an officer or director  Jeffrey Hamilton, Presidence of typed name and title	dent	
l further agree of my duties, a document is be	of the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and compliand I am familiar with and accept the obligation of my position as registered a cing filed merely to reflect a change in the registered office address. I hereby as been notified in writing of this change.	lete perj igent. ( confirm	formance Or, if this that the
But Home	Ignature of Registered Agent Date		
	ochalf of an entity:		
Bill Havre	·		
	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 (04/13)