## (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIT. MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_ Special Instructions to Filing Officer:

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## P19070



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 24, 2019

Order#: 910315-130

Re: THE NEWARK GROUP, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

| statement of ch   | e provisions of sections 607,0502, 617<br>ange is submitted for a corporation of<br>ter to change its registered office or re   | rganized under the la  | iws of the State of                   | New Jersey           |  |
|---|---|--|---------------------------------------|----------------------|--|
| 1. The name of  | the corporation: THE NEWARK GRO   | DUP, INC.  |                                       |                      |  |
| 2. The principa   | l office address: 5000 Austell-Powde  | r Springs Road, Suit   | e 300, Austell, G                     | A 30106              |  |
| 3. The mailing  | address (if different):   |  |                                       |                      |  |
| 4. Date of incom  | rporation/qualification: 04/29/1988   | Document   | number: P19070                        | )                    |  |
|   | d street address of the current register<br>artment of State: (If resigned, enter res   |  | ed office on file v                   | vith the             |  |
|   | The Prentice-Hall Corporation Syst  | em Inc.  |                                       |                      |  |
|   | 1201 Hays Street  |  |                                       | -                    |  |
|   | Tallahassee   | FL   | 32301                                 | 19 6                 |  |
| 6. The name an (if changed):                                | d street address of the new registered  Corporation Service Company   | agent (if changed) an  | id /or registered o                   |                      |  |
|   | 1201 Hays Street  | ······························   | · · · · · · · · · · · · · · · · · · · | ED M 7: 43           |  |
|   |   | NOT acceptable   |                                       |                      |  |
|   | Tallahassee   | FL   | 32301                                 |                      |  |
| The street addr<br>as changed will                          | ess of its registered office and the str<br>I be identical.   | eet address of the bu  | isiness office of i                   | ts registered agent. |  |
| Such change wanthorized by t                                | as authorized by resolution duly adophe board, or the corporation has been  | oted by its board of c<br>i notified in writing o  | lirectors or by an of the change.     | officer so           |  |
| <u>Xiel</u>   | 2 agnie   | Jill Cilmi, Vice f   | Jill Cilmi, Vice President            |                      |  |
| performance of agent. Or, if the hereby confirm Corporation | the appointment as registered agent to comply with the provisions of all some duties, and I am familiar with aris document is being filed merely to that the corporation has been notified an Service Company | and agree to act in<br>statutes relative to the<br>ad accept the obligat<br>reflect a change in the<br>ad in writing of this c | ie proper and con                     | mplete               |  |
| By: (Sign   | nature of Registered Agent  | 09/24/2019   | Dute                                  |                      |  |
| If signing on be  | chalf of an entity:   |  |                                       |                      |  |
| Ami M. Casper   | , Asst. Vice President  |  |                                       |                      |  |
| T   | yped or Printed Name  |  |                                       |                      |  |

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