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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number

: (850)558-1575



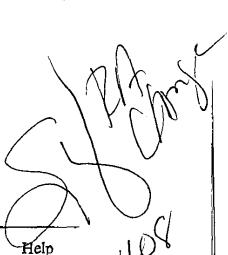
## REGISTERED AGENT CHANGE

INTERPAK SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0_
Page Count	02
Estimated Charge	\$35,00

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Corporate Filing Menu



6/4/2008

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida.	
	er to change its registered office or registered agent, or both, in the State of Florida.	
1 The same of	the corporation: INTERPAK SYSTEMS, INC.	
	office address: 7077 BONNEVAL RD, 320, JACKSONVILLE, FL 32216	
	CONATIVIS DE ANCEY 1951 ANTE OF ANCENICAS	
	address (if different): C/O NATIXIS PRAMEX, 1251 AVE OF AMERICAS, NEW YORK, NY 10020	
4. Date of incom	poration/qualification: 08/01/1995 Document number: P95000059915	
	d street address of the current registered agent and registered office on file with the riment of State:	
	ERIC VIGNOT	
	7077 BONNEVAL RD, 320	
	JACKSONVILLE, FL 32216 \$\sigma\$	
6. The name and (if changed):	JACKSONVILLE, FL 32216  d street address of the new registered agent (if changed) and /or registered office  Corporation Service Company	
		۳,
	1201 Hays Street  IPA Box NOT acceptable)  Tallahassee, FL 32301	_
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street addre	ess of its registered office and the street address of the business office of its registered agent, ibe identical.	
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so he board, of the compension has been notified in writing of the change.	
. (Signal	Tames West Componente Secretary	1
I hereby accent I further agree to of my duties, and document is best corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the state notified in Writing of this change.	
By:	tion Service Company  Note Lesson  (There)	
If signing on bel	shalf of an entity:	
	Peterson, Assistant VP	
·	* * * FILING FEE: \$35.00 * * *	
MA CR2E045 (8/05)	Make Checks payable to Florida Department of State all to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	