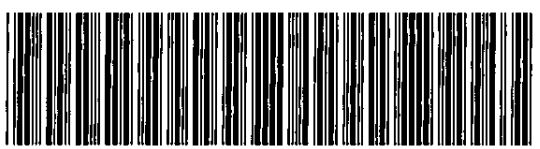


P96000048781

Errene -
please refine
and send evidence
back to me @ CT Corp.
Please back date to
original date of submission
Call me w/questions: 222-
1042
Thanks! Jennifer



400114773914

01/14/08--01043--002 **35.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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RA/RO/chg
@ 2.5.08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Matrix Packaging of Florida, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P96000048781

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Turner

(Name of Contact Person)

Haynsworth Sinkler Boyd, P.A.

(Firm/Company)

P. O. Box 11889

(Address)

Columbia, SC 29211

(City/State and Zip Code)

For further information concerning this matter, please call:

Randolph B. Epting

(Name of Contact Person)

at (803) 779-3080

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2008

JONATHAN TURNER
HAYNSWORTH SINKLER BOYD, P.A.
P.O. BOX 11889
COLUMBIA, SC 29211

SUBJECT: MATRIX PACKAGING OF FLORIDA, INC.
Ref. Number: P96000048781

We have received your document for MATRIX PACKAGING OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 208A00003808

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Matrix Packaging of Florida, Inc.
2. The principal office address: 245 Britannia Road East Mississauga, ON L4Z 4J3
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/7/1996 Document number: P96000048781
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

David M. Silberstein Esq.

720 South Orange Ave.

Sarasota, FL 34236

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, FL 33324

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 was 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.

Michael McBeck

(Signature of an officer or director)

Michael McBeck, Vice President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this 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.

Dale W. Morris Asst Sec.

(Signature of Registered Agent)

1-24-08

(Date)

If signing on behalf of an entity:

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

(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 (8/05)

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