12/19/24, 11:22 AM

Division of Corporations

## Florida Department of State

**Division of Corporations** ring Filing Cover Sheet

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Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107

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

,	
	REGISTERED AGENT CHANGE

RUTLAND PLASTICS, INC.

Certificate of Status	0
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Page Count	01
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Stat organized under the laws of the State of <mark>Flor</mark> egistered agent, or both, in the State of Flor	ida		
1. The name of	the corporation: RUTLAND PLASTI	CS. INC.			
2. The principal	office address: 10021 Rodney Street,	Pineville, NC 28134			
3. The mailing a	ddress (if different);				
4. Date of incorporation/qualification: 10/18/19960 Document number: P96000086230					
	d street address of the current registe tment of State: (If resigned, enter re-	red agent and registered office on file with t signed)	he		
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD	)		<i>(</i> )	
	PLANTATION, FL 33324		· 	74 DEC	
6. The name and (if changed):		agent (if changed) and /or registered office	3772E	C 19 F	TES
	United Agent Group Inc.				٠. ٠
	801 US Highway 1			<u>+</u>	
		O. Box NOT acceptable	,,,-		
	North Palm Beach, FL 33408				
The street address changed will	ess of its registered office and the state identical.	treet address of the business office of its re	gistered a	igent,	
Such change wa authorized by the	as authorized by resolution duly ad ne board, or the corporation has bee	opted by its board of directors or by an off in notified in writing of the change.	icer so		
Adia Myles Signific of an officer or director		Adia Myles, Attorney-in-Fact			
Signadi	re of an officer or director	Printed or typed name and title			
I hereby accept I further agree of my duties, ar document is bel	the appointment as registered agei to comply with the provisions of all	nt and agree to act in this capacity. I statutes relative to the proper and comple I obligation of my position as registered as In the registered office address, I hereby c inge.	ete perfori gent. Or confirm th	mance if this at the	
Adia Myles Spinature of Registered Agent		12/19/2024			
Ø	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Adia Myles, Spe	cial Secretary				
T	yped or Printed Name				

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