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R. \VH&TE MAR 1 3 2020 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 228262 8023733 AUTHORIZATION : COST LIMIT ORDER DATE: March 11, 2020 ORDER TIME : 9:16 AM ORDER NO. : 228262-005 CUSTOMER NO: 8023733 CHANGE OF AGENT NAME: SOVEREIGN HYDROSEAL HOLDINGS INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Kadesha Roberson

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute, a corporation organized under the laws of the State of Nevadared of Office or registered agent, or both, in the State of Florida	<u>а</u>
1. The name of t	he corporation: Sover	reign Hydroseal Holdings Inc.	
		Vernon Boulevard, Astoria, New York 11106	
3. The mailing a	ddress (if different): _		
4. Date of incorp	oration/qualification:	0/242018 Document number: F18000001939)
		current registered agent and registered office on file with the igned, enter resigned)	
	C T Corporation Sy	vstem	21:20
	1200 S Pine Island	Road	-:
	Plantation	FL 33324	202011 1.12
6. The name and (if changed):	street address of the	new registered agent (if changed) and /or registered office	F 111: 08
	Corporation Service	e Company	င်ာ
	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ss of its registered of be identical.	ffice and the street address of the business office of its regis	tered agent.
Such change wa authorized by th	is authorized by reso the board, or the corpo	dution duly adopted by its board of directors or by an officer oration has been notified in writing of the change. Vincent M. Kiernan, Secretary	r so
Signatur	e of an officer or director	Printed or typed name and title	
l further agree i of my duties, an document is bei corporation has	the appointment as r o comply with the pr d I am familiar with ng filed merely to ref been notified in wri n Service Compai	registered agent and agree to act in this capacity. Provisions of all statutes relative to the proper and complete pand accept the obligation of my position as registered agen Plect a change in the registered office address, I hereby confirm of this change. The province of this change.	performance t. Or, if this irm that the
By: Sign	nature of Registered Agent	3/12/2020	
		17.00	
	half of an entity:	Lydia Cohen Asst. Vice President	
·		* * * 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)