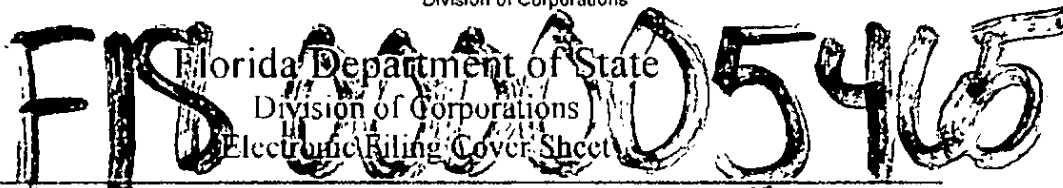


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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001433183)))



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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

REGISTERED AGENT CHANGE TREIF USA INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. HORNE

APR 21 2022

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Help

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

1. The name of the corporation: TREIF USA INC.
2. The principal office address: 50 Waterview Drive, 130, Shelton, CT 06484 USA
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/06/2018 Document number: F18000005465
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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, Florida 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.

Kara Kezios
Signature of an officer or director

Kara Kezios, Secretary

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.

C T Corporation System

By:

Laura Broderick
Signature of Registered Agent

4-19-2022

Date

Laura Broderick
Assistant Secretary

If signing on behalf of an entity:

C T CORPORATION SYSTEM

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 (04/13)

2022 APR 20 AM 10:57
 SECRETARY OF STATE
 TALLAHASSEE, FL 32301
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