Entity Name: CARRIER CORPORATION

Current Principal Place of Business:
13995 PASTEUR BLVD
PALM BEACH GARDENS, FL 33418

Current Mailing Address:
13995 PASTEUR BLVD
PALM BEACH GARDENS, FL 33418 US

FEI Number: 06-0991716

Name and Address of Current Registered Agent:
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:
Electronic Signature of Registered Agent

Officer/Director Detail:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECTOR, TREASURER</td>
<td>BORIES, JACQUES CHARLES</td>
<td>13995 PASTEUR BLVD</td>
<td>PALM BEACH GARDENS FL 33418</td>
</tr>
<tr>
<td>DIRECTOR, PRESIDENT</td>
<td>MCDONOUGH, ROBERT J.</td>
<td>13995 PASTEUR BLVD</td>
<td>PALM BEACH GARDENS FL 33418</td>
</tr>
<tr>
<td>DIRECTOR, SECRETARY</td>
<td>THOMPSON, MARK G.</td>
<td>13995 PASTEUR BLVD</td>
<td>PALM BEACH GARDENS FL 33418</td>
</tr>
<tr>
<td>ASSISTANT SECRETARY</td>
<td>QUERCIA, ANDREA M.</td>
<td>13995 PASTEUR BLVD</td>
<td>PALM BEACH GARDENS FL 33418</td>
</tr>
</tbody>
</table>

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA M. QUERCIA

ASSISTANT SECRETARY 04/07/2018