825265

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: September 21, 2017

Order#: 829959-076

Re: 3M INTERAMERICA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \underline{XX} Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX __ Please return evidence to the following:

Attn: Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of ch | ange is submitted for a | 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of DELAWARE red office or registered agent, or both, in the State of Florida. | |
|---|--|---|----------------|
| 1. The name of | the corporation: 3M IN | TERAMERICA INC | |
| 2. The principal | office address: 3M CE | NTER, ST PAUL, MN 55144-1000 | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification; | 10 26 1970 Document number: 825265 | |
| | d street address of the curtment of State: (If resi | current registered agent and registered office on file with the gned, enter resigned) | |
| | CT CORPORATION | SYSTEM | |
| | 1200 S. PINE ISLAN | D ROAD | |
| | PLANTATION | FL 33324 | 77 |
| 6. The name and (if changed): | | new registered agent (if changed) and /or registered office | FILED FILED |
| | Corporation Service | Company | ? ? |
| | 1201 Hays Street | | יס |
| | Tallahassee | P.O. Box NOT acceptable FL 32301 | |
| | · · · · · · · · · · · · · · · · · · · | FL 32301 | |
| The street address changed will | ess of its registered off l be identical. | fice and the street address of the business office of its registered agent, | |
| Such change w authorized by t | as authorized by resolute board, or the corpor | ation duly adopted by its board of directors or by an officer so ration has been notified in writing of the change. | |
| . Will. | Devarinha | Sheila Claugherty, Assistant Secretary | |
| Signati | ure of all bilices or director | Printed or typed name and title | |
| performance of agent. Or, if the hereby confirm | t my dulies, and I am fo iis document is being fi | skistered agent and agree to act in this capacity. Visions of all statutes relative to the proper and complete whisions of all statutes relative to the proper and complete while with and accept the obligation of my position as registered iled merely to reflect a change in the registered office address, I have been notified in writing of this change. | |
| By: I) no | ico Tokuk | 09/21/2017 | |
| Sig | gnature of Registered Agent | Date | |
| If signing on be | ehalf of an entity: | | |
| | , Asst. Vice President | <u> </u> | |
| 1 | Typed or Printed Name | | |

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