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		Fax Number	: (850)61	7-6383		
	From:					
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		Account Numbe	er : 1201600	00048		
		Phone	: (800)34			
		Fax Number	: (800)43	2-3622		
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## 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 VIRGINIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PHILIP MORRIS USA INC

2. The principal office address: 6601 West Broad Street Richmond, VA 23230

3. The mailing address (if different):

4. Date of incorporation/qualification: 10/26/1971 Document number: 826935

5. The nam Florida l	ne and street address of the current Department of State: (If resigned, c	registered agent and inter resigned)	registered office on file with	20
	CT CORPORATION S	SYSTEM		
	1200 S. PINE ISLAN	D ROAD		
	PLANTATION	FL	33324	
	Cla	Binin	Zip Code	

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.

515 East Park Avenue 2nd Fl						
Street Address	P.O. Box. NOT acceptable					
Tallahassee	FL	_32301 _				

State The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. City

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.

Signature of an afficer or director

Brian Redecki, Allorney-In-Fact on behalf of Mary C. Bigetow, Secretary Printed or typed name and title

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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 duites, 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.

Signature of Registered Agent

May 15, 2020 Date

Zip Code

If signing on bchalf of an entity:

Krista Abair, Assistant Secretary of Capitol Corporate Services, Inc.

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 CR2F045 (03/12)

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