## 851365

·
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 15, 2017

Order#: 532184-342

Re: SUNBEAM PRODUCTS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

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: Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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 corporation orgo	1302, 607.1308, or 617.1308, Florida Statutes, this ganized under the laws of the State of DE istered agent, or both, in the State of Florida.	-
1. The name of	the corporation: SUNBEAM PRODUCT	TS, INC.	
2. The principal			
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/21/1981	Document number: 851365	
	d street address of the current registered rtment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)	ن <b>الان</b>
	CT CORPORATION SYSTEM		SION
	1200 S. PINE ISLAND ROAD	EL 22204	9
	PLANTATION	FL 33324	OF CORPORT
6. The name and (if changed):	d street address of the new registered ag		33
	Corporation Service Company		
	1201 Hays Street		
		OT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its registered ager	nt,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been n	ed by its board of directors or by an officer so notified in writing of the change.	
Signatu	E G Quet	Jill Cilmi, Vice President  Printed or typed name and title	
I further agree i performance of agent. Or, if th hereby confirm	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified in Service Company	atutes relative to the proper and complete   accept the obligation of my position as registered   accept the obligation of my position as registered	
Ву:	race Cokubi	03/10/2017	
_	nature of Registered Agent	Date	
0 0	half of an entity:		
	Asst. Vice President  yped or Printed Name		
•			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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