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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Email Address:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone

Fax Number ; (561)694-1639

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

REGISTERED AGENT CHANGE VISTA PRODUCTS, INC.

| Certificate of Status | 0 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| 1. The name of the corporation is: Vista Products, In | ic. |
|--|--|
| 2. The principal office address: 1 Blue Hill Plaza | |
| Pear River NY 10965 | |
| 3. The mailing address (if different): 1 Blue Hill Pl | aza |
| Pear River NY 10965 | |
| 4. Date of incorporation/qualification; 10/10/19 | 080 Document Number: F02462 |
| 5. The name and street address of the current registe Florida Department of State: | red agent and registered office on file with the |
| CORPORATION SERVICE COMPANY | P |
| 1201 HAYS STREET | |
| 6. The name and street address of the new registered (if changed): | agent (if changed) and /or registered office |
| Corporate Creations Network Inc. | |
| 11380 Prosperity Farms Road #22 | IE |
| (P.O. Box Not acce Palm Beach Gardens FL 33410 | ptable) |
| | street address of the business office of its registered |
| Such change was authorized by resolution duly acauthorized by the board, or the corporation has been | dopted by its board of directors or by an officer so notified in writing of the change. |
| 1.0 | by Caitlin Lazarus as attorney-in-fact |
| (Signature of an officer or director) | (Printed or Typed name and title) |
| I hereby accept the appointment as registered agent | and agree to act in this capacity. |
| performance of my duties, and I am familiar with an | all statutes relative to the proper and complete ad 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 exporation has been notifie | d in writing of this change. |
| (Signature of Registered Agent) | 10/11/2016 (Date) |
| If signing on behalf of an entity: | (Date) |
| · | |
| Caitlin Lazarus, Special Secretary (Typed or Printed Name) | . ~ |
| MAKE CHECKS PAYABLE 1 MAIL TO: DIVISION OF CORPORATIO | FO FLORIDA DEPARTMENT OF STATES INS, P.O. BOX 6327, TALLAHASSEE, FL 32314 |
| Corporate Creations International Inc. | F 8 |
| 11380 Prosperity Farms Road #221E | |
| Palm Beach Gardens FL 33410 | |
| (561) 694-8107 | |
| | Card. |