F03000003481

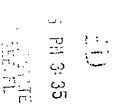
(Requestor's Name)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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JUL LUL



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 23, 2021

Order#: 870284-036

Re: SGS NORTH AMERICA 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.

Issue Proof of Filing.

XX _ Please return evidence to the following:

Attn: Ami Casper

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 cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware registered agent, or both, in the State of Florida.
1. The name of	the corporation: SGS NORTH AME	ERICA INC.
2. The principal	office address: 201 Route 17 Nort	h, Seventh Floor, Rutherford, NJ 07070
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 07/14/2003	Document number: F03000003481
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)
	Registered Agent Solutions, Inc.	
	155 Office Plaza Drive, Suite A	
	Tallahassee	FL 32301
6. The name and (if changed):	d street address of the new registere Corporation Service Company	d agent (if changed) and /or registered office
	1201 Hays Street	
		O. Box NOT acceptable
	Tallahassee	FL 32301
as changed will	be identical.	street address of the business office of its registered agent
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of directors or by an officer so it en notified in writing of the change.
X	e & Goner	Jill Cilmi, Vice President
Signatu	re of an officer or director	Printed or typed name and title
I further agree i of my duties, an document is bei corporation has	to comply with the provisions of all and I am familiar with and accept th	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if thi in the registered office address. I hereby confirm that the ange.
By: Cl	, m Leil	06/23/2021
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
	, Asst. Vice President yed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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