FODOCOON

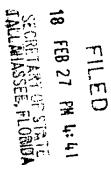
(Requ	estor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	_	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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FEB 2 8 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: February 23, 2018

Order#: 078155-004

Re: SPECTRA LOGIC CORPORATION

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: Grace Kirby

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

Pursuant to the	provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508, Florida Statutes, this	
=		on organized under the laws of the State of DE	
in orde	er to change its registered office	or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: SPECTRA LOG	SIC CORPORATION	
2. The principal	office address:		
6285 Looko	ut Road, Boulder, CO 80301		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/23/20	04 Document number: F05000000096	
	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)	
	C T Corporation System	₽ fo.	
	1200 South Pine Island Road		
	Plantation	FL 33324 88 27	FIL
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and /or registered office	03
	Corporation Service Company		
	1201 Hays Street	•	
	PO	D. Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the be identical.	ne street address of the business office of its registered agen	ıt,
Such change wa authorized by th		adopted by its board of directors or by an officer so been notified in writing of the change.	
Xie	e E agni	Jill Cilmi, Vice President	
Signatu	ire of an officer or director	Printed or typed name and title	
I further agree in performance of agent. Or, if the hereby confirm	to comply with the provisions of mv duties, and I am familiar wi	agent and agree to act in this capacity. f all statutes relative to the proper and complete ith and accept the obligation of my position as registered ly to reflect a change in the registered office address, I iotified in writing of this change.	
By: I)no	nature of Registered Agent	02/23/2018 Date	
_	chalf of an entity:	Date	
Grace E. Kirby,	, Asst. Vice President		
	vped or Printed Name	_	

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