(Requestor's Name)					
, , , , , , , , , , , , , , , , , , , ,					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE					
J. HORNE OCT 1 0 2025					

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2023 OCT -9 AH 10: 26 * = CEIVED

2025 OCT -9 AH II: 04

Office Use Only

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Office of Insurance Regulation

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 10/09/25

Order #: 4415487-43

Re: RS INTEGRATED SUPPLY US INC.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

LE ARRENT

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 6, ange is submitted for a corporation er to change its registered office or	organized under the laws of	f the State of \Box	E
1. The name of	the corporation: RS INTEGRATED	SUPPLY US INC.		
	l office address: orp Center Suite 400 100 Matsonf	ord RD Radnor, PA 19087		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 03/02/2006	Document num	ber: <u>F0600000</u>	1358
	d street address of the current regist artment of State: (If resigned, enter r		fice on file with	the
	COGENCY GLOBAL INC.			
	115 N. CALHOUN ST. SUITE 4			
	32301	FL 32	2301	P7 : A1G
6. The name an (if changed):	d street address of the new registere	ed agent (if changed) and /or	registered office	10
	1201 Hays Street P.O. Box NOT acceptable			
	Tallahassee	•	2301	55 115 115 115
The street addr	ess of its registered office and the I be identical.	street address of the busine	ess office of its r	registered agent,
Such change wanthorized by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directen notified in writing of th	ctors or by an of e change.	ficer so
/S/ Irina Rybakova		Irina Rybakova,		zed Person
Signati	ure of an officer or director	Printed or	typed name and title	
I further agree of my duties, an document is be corporation ha	I the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept to ing filed merely to reflect a chang is been notified in writing of this co on Service Company	ll statutes relative to the pr he obligation of my position e in the registered office ad	capacity, oper and compi 1 as registered a dress, I hereby	lete performance igent. Or, if this confirm that the
By: Drace				
	gnature of Registered Agent		Date	
Grace E. Kirby,	Asst. Vice President			
7	Typed or Printed Name			
	* * * FILI?	NG FEE: \$35.00 * * *		

Make Checks payable to Florida Department of State Mail, to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

COA-486230