## F00000005009

| , (Re                                   | equestor's Name)   |           |  |
|---|--------------------|-----------|--|
| (Address)                               |                    |           |  |
| (Address)                               |                    |           |  |
| (Cil                                    | ty/State/Zip/Phone | · #)      |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |
| (Business Entity Name)                  |                    |           |  |
| (Document Number)                       |                    |           |  |
| Certified Copies                        | _ Certificates     | of Status |  |
| Special Instructions to Filing Officer: |                    |           |  |
|   |                    |           |  |
|   |                    |           |  |
|   |                    |           |  |
|   |                    |           |  |

Office Use Only



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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: Christopher Masker cmasker@cscinfo.com

Date: September 17, 2013

Order#: 807571-003

Re: COLITE INTERNATIONAL, LTD.

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: Christopher Masker 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.

OUCA.XCOA

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

| statement of cha  | inge is submitted for a corporation orga   | 02, 607.1308, or 617.1308, Florida Statutes, this nized under the laws of the State of South Carolina tered agent, or both, in the State of Florida. |  |
|---|--|--|--|
| 1. The name of  | the corporation: COLITE INTERNATION  | NAL, LTD. INC.   |  |
| 2. The principal  | office address: 5 Technology Circle Co   | olumbia, SC 29203  |  |
| 3. The mailing a  | address (if different):  |  |  |
| 4. Date of incor  | poration/qualification: 08/01/2006   | Document number: F0600005069   |  |
|   | d street address of the current registered rtment of State: (If resigned, enter resign   | agent and registered office on file with the ed)   |  |
|   | C T Corporation System   |  |  |
|   | C T Corporation System  1200 South Pine Island Road  |  |  |
|   |  |  |  |
| 6. The name and (if changed):                                   | d street address of the new registered ago   | ent (if changed) and /or registered office   |  |
|   | Corporation Service Company  |  |  |
|   | 1201 Hays Street   |  |  |
|   | P.O Box NO   | T acceptable   |  |
|   | Tallahassee, FL 32301  |  |  |
| The street address changed will                                 | ess of its registered office and the street<br>be identical.   | address of the business office of its registered agent,  |  |
| Such change was authorized by the                               | as authorized by resolution duly adopte<br>he board, or the corporation has been no  | d by its board of directors or by an officer so office in writing of the change.   |  |
|   | $\lambda = \lambda$  | Dona Priebe, Vice President  |  |
| Signati   | ne (fan officer or director  | Printed or typed name and title  |  |
| I further agree performance of agent. Or, if the hereby confirm | the appointment as registered agent and to comply with the provisions of all stated my duties, and I am familiar with and it is document is being filed merely to refut the corporation has been notified on Service Company | tutes relative to the proper and complete<br>accept the obligation of my position as registered<br>lect a change in the registered office address, I |  |
| By:   | fin august   | 9/16/2013  |  |
| ~   | Plature of Registered Agent chalf of an entity:  | Date   |  |
| Sylvia Queppe   | t, Asst. Vice President  |  |  |
| Ĩ   | 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 \* \* \*