Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002888553)))



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To:	Division of Corporations Fax Number : (850)617-6380	
From	,	E. S.
à	r the email address for this business entity to be used noual report mailings. Enter only one email address ple mail Address: REGISTERED AGENT CHANGE	for future ease.**
e geti e	PROACT SERVICES CORPORATION Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$35.00	OCT 05 2018 I ALBRITTON

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

statement of cha	inge is submitted for a corporation orgai	02, 607,1508, or 617,1508, Florida Statutes, this mized under the laws of the State of MCHIGAN ered agent, or both, in the State of Florida.	
2. The principal	office address: 1140CONRADINDUSTI	RPORATION RIALDR.,EUDINGTON,MI49431	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 02/04/2008	Document number: F0800000506	
	d street address of the current registered a rtment of State:(If resigned, enter resigned		
	CORPORATIONSERVICECOMPANY	E C	
	1201HAYSSTREET		
	TALLAHASSEE,FL32301		
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	
	CTCorporationSystem		
	1200SouthPineIslandRoad	3.4	
	P.O. Box NOT acceptable		
	Plantation,Florida33324		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
Fellin	. Parties of director	StephanieBoehm, Secretary	
I hereby accept I further agree of performance of agent. Or, if the	the appointment as registered agent an to comply with the provisions of all state my duties, and I am familiar with and a	d agree to act in this capacity, utes relative to the proper and complete occept the obligation of my position as registered ect a change in the registered office address, I	
By: Ja-M.	Honor of Registered Agent	10/04/2018	
•		Txue	
	chalf of an entity:		
JamesM.Halpin	yped or Printed Name		
•	* * * FILING FE	E: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL32314 CR2E045 (03/E2)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT ProAct Services Corporation (the "Corporation"), a corporation incorporated under the laws of the state of Michigan and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Tricia Belanger, Jennifer Kurz, Michele Holden, Megan Izenstark, Joseph Torchedlo, Megan Salazar, Audrea Alaniz; Stephanie Boehm, and Margaret Mohan, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Tricia Belanger, Jennifer Kurz, Michele Holden, Megan Izenstark, Joseph Torchedlo, Megan Salazar, Audrea Alaniz, Stephanie Boehm, and Margaret Mohan shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 28th day of September 2018.

ProAct Services Corporation A Michigan Corporation

Name: Vincent Grieco Title: Secretary

Commonwealth of Pennsylvania

County of Butler

On September 28, 2018 before me, the undersigned, a Notary Public in and for said State, personally appeared Vincent Grieco, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Barbara Haser, Notary Public

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
Barbara Walker Haser, Notary Public
Cranberry Twp., Butler County
My Commission Expires April 13, 2020

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES



Schedule A

Carbonair Environmental Systems, Inc. FSI FIELD SPECIALTIES, INC.