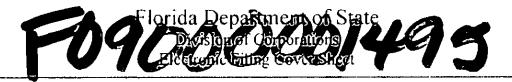
3/25/2020

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		<u></u>		
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REGISTERED AGENT CHANGE PSC INDUSTRIAL, INC.

Certificate of Status	0	
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MAR 26 2020

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

	provisions of sections 607.05 ange is submitted for a corpor		· ·		
•	inge is stiemitted for a corpor er to change its registered offi	**	•		
1. The name of	the corporation; PSC Industria	al, Inc.			
2. The principal	office address: 900 Georgia A	Avenue Deer Park, TX 7	7536		
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: $\frac{4/1.3/2}{1}$	2009 Doc	ument number: F0900000	1495	
	d street address of the current rtment of State: (If resigned, o		egistered office on file wi	th the	
	Corporation Service Company	У			
	1201 Hays Street, Tallahassee	r, FL 32301-2525			2020 HAR 25
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):				ice	25 AN 10: 34
	C T Corporation System			-: [1]	ည္
	Road				
	P.O. Box. NOT acceptable Plantation, Florida 33324				
The street address changed will	ess of its registered office an be identical.	d the street address of	f the business office of its	registered a	igent,
Such change was authorized by the	as authorized by resolution d ne board, or the corporation l	fuly adopted by its bor has been notified in w	ard of directors or by an oriting of the change.	officer so	
_ Lyma			lisele Vice President		
I herdin accept I further agree performance of agent. Or, if th	ne of an officer of direction the appointment as register to comply with the provision my duties, and I am familia is document is being filed mo that the corporation has bec	is of all statutes relati r with and accept the e erely to reflect a chan	ve to the proper and comp obligation of my position uge in the registered office	olete as registere	d
By J	poration System	3/23/202	0		
If signing on be	chalf of an entity: Alfred Assistan Spect or Printed Name	l Younan t Secretary	Date	-	-

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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