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(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
	ısiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Dana Szymanski dana.szymanski@cscglobal.com

Date: October 27, 2017

Order#: 877051-040

Re: WPI HOLDINGS CORP

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: Dana Szymanski 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

statement of ch	ange is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Sidion organized under the laws of the State of <u>D</u> Or registered agent, or both, in the State of Fla	ELAWARE
1. The name of	the corporation: WPI HOLDING:	S CORP	
2. The principal	office address: 15 VERBENA A	VE, FLORAL PARK, NY 11001	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 01/11/20	Document number: F1100000	0178
	d street address of the current reg atment of State: (If resigned, ente	gistered agent and registered office on file with er resigned)	n the
	WPI- ACQUISITION CORP		~
			2017 OCT 31
	2323 N STATE STREET, UNI	T 78, BUNNELL FL 32110	3
6. The name an (if changed):	•	tered agent (if changed) and /or registered office	V:=
	Corporation Service Company		~
	1201 Hays Street		
		D. Box NOT acceptable	
	Tallahassee	FL 32301	
		he street address of the business office of its	
Such change w authorized by t	as authorized by resolution duly he board, or the corporation has	y adopted by its board of directors or by an of been notified in writing of the change.	Hicer so
	\mathcal{M}	JOHN A. HOLTZ	TREASURER
I hereby accept I further agree performance of agent. Or, if the hereby confirm	to comply with the provisions of my duties, and I am familiar w his document is being filed mere	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and comp ith and accept the obligation of my position ally to reflect a change in the registered office notified in writing of this change.	as registered
By: Drace		10/27/2017	
	gnature of Registered Agent	Date	-
If signing on be	ehalf of an entity:		
GRACE E. KIRI	BY, ASSISTANT VICE PRESIDEN	₹T	
-	Typed or Printed Name		
	* * * FIL	.ING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314