## Flanososso

| (Re                                     | questor's Name)   |             |  |  |
|---|-------------------|-------------|--|--|
| (Ada                                    | dress)            |             |  |  |
| (Ad                                     | dress)            |             |  |  |
| (Cit                                    | y/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Nar | me)         |  |  |
| (Document Number)                       |                   |             |  |  |
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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: Grace Kirby grace.kirby@cscglobal.com

Date: January 13, 2017

Order#: 462616-073

Re: KOMPAN, INC.

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: Grace Kirby 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.

QUCA.XCOA

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

| statement of cha  | provisions of sections 607.0502, 617.050<br>nge is submitted for a corporation organ<br>r to change its registered office or registe  | ized under the la  | rws of the State of DE  | <i>IS</i>   |
|---|---|--|---|-------------|
| 1. The name of t  | he corporation: KOMPAN, INC.  |  |   |             |
| 2. The principal  |   |  |   |             |
| 3. The mailing a  | ddress (if different): c/o Martensen Wrig<br>to, CA 95814   | ht PC, One Capi  | itol Mall, Suite 670,   |             |
| 4. Date of incorp   | poration/qualification: 06/20/2012  | Document   | number: F12000002586  |             |
| 5. The name and   | street address of the current registered a<br>tment of State: (If resigned, enter resigne   | ~ ~  | ed office on file with the  |             |
|   | CT Corporation System   |  |   |             |
|   | 1200 South Pine Island Road   |  |   |             |
|   | Plantation  | FL   | 33324   |             |
| 6. The name and (if changed):   | street address of the new registered ager   | nt (if changed) an   | nd /or registered office  | 17 JAN      |
|   | Corporation Service Company   |  |   | 7           |
|   | 1201 Hays Street P.O. Box NOT   | acceptable   |   | <b>3</b>    |
|   | Tallahassee   | FL   | 32301   | · 10        |
| The street addre  | ss of its registered office and the street a<br>be identical.   | address of the bu  | usiness office of its registered  | d agent,    |
| Such change wa<br>authorized by th  | s authorized by resolution duly adopted e board, or the corporation has been not  | by its board of c  | directors or by an officer so of the change.  |             |
| _ Xiel  | 2. agni   | Jill Cilmi, Vice I   |   |             |
| I hereby accept<br>I further agree to<br>performance of<br>agent. Or, if this<br>hereby confirm | the appointment as registered agent and occuping the appointment as registered agent and occuping with the provisions of all statumy duties, and I am familiar with and at some some is document is being filed merely to reflect that the corporation has been notified in Service Company | d agree to act in<br>ites relative to th<br>ccept the obligat<br>ect a change in t | ne proper and complete<br>tion of my position as registe<br>he registered office address, | red<br>I    |
|   | La Z-Kuby<br>Nature of Registered Agent   | 01/13/2016   | Date  | <del></del> |
| _   | nalf of an entity:  |  | Said  |             |
|   | Asst. Vice President  |  |   |             |
|   | ped or Printed Name   |  |   |             |

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