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A. BUTLER
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CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 774464 8382627 AUTHORIZATION COST LIMIT 354.00 ORDER DATE: June 28, 2022 ORDER TIME : 9:02 AM ORDER NO. : 774464-020 CUSTOMER NO: 8382627 CHANGE OF AGENT NAME: H&S FOREST PRODUCTS, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS: _____

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

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation r to change its registered office or a	organized under the lav	ws of the State of _	Ohio		
1. The name of t	he corporation: H&S FOREST PF	RODUCTS, INC.				
2. The principal	office address: 525 Metro Place N	North, Suite 480, Dublin	n, OH 43017			
3. The mailing a	ddress (if different):					
4. Date of incorp	. Date of incorporation/qualification: 10/05/2012 Document number: F12000004087					
5. The name and	street address of the current regist tment of State: (If resigned, enter re	ered agent and registere	ed office on file wi	th the		
	Capitol Corporate Services, Inc.			-		
	515 East Park Avenue, 2nd Floor					
	Tallahassee	FL	32301	2022 SE		
6. The name and (if changed):	street address of the new registere	d agent (if changed) and	d /or registered off	1		
	Corporation Service Company			2000年		
	1201 Hays Street			EE ST		
PO Box NOT acceptable						
	Tallahassee	FL	32301	•		
-	ss of its registered office and the s be identical.					
Such change wa author(ze) by th	s authorized by resolution duly ad e board, or the corporation has be	lopted by its board of d en notified in writing o	lirectors or by an of the change.	officer so		
Xiel	2 aoni	Jill Cilmi, Vice	President			
/ "P	e of an officer or director		ed or typed name and til			
of my duties, and document is beir corporation has	the appointment as registered age o comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch I Service Company	e obligation of my post in the registered office	this capacity. e proper and com ition as registered e address, I hereb	plete performance l agent. Or, if this y confirm that the		
Ву:	en M Leil	07/06/2022				
	ature of Registered Agent		Date			
If signing on bel	nalf of an entity:					
	Asst. Vice President ped or Printed Name					

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