F1300009-391

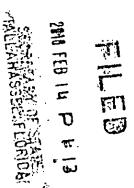
| | (Requestor's Name) | | | | | | |
|---|--------------------------|--|--|--|--|--|--|
| | (Address) | | | | | | |
| | (Address) | | | | | | |
| | (City/State/Zip/Phone #) | | | | | | |
| PICK-UF | WAIT MAIL | | | | | | |
| | (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Office Use Only



900308297679

02/14/18--01021--003 *#35.00



FEB 1 5 2018
T. LEMIEUX

Maj



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: February 12, 2018

Order#: 056931-018

Re: KEMET ELECTRONICS CORPORATION

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

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 cha | provisions of sections 607.0502, 6 inge is submitted for a corporation or to change its registered office of | n organized under | the la | ws of the | State of | DE | |
|---|--|--|------------------------------|--------------------------------------|--------------------|---------------|--------------------|
| 1. The name of | the corporation: KEMET ELECTR | ONICS CORPOR | ATIO | N | | | |
| • | office address: | | | | <u> </u> | - | |
| 3. The mailing a | address (if different): P O Box 582 | 28, Greenville, SC | 2968 | 11 | | | |
| 4. Date of incorp | poration/qualification: 06/03/2013 | 3 Docu | ment | number: | F13000 | 0002391 | 1 |
| | d street address of the current registement of State: (If resigned, enter | • | gister | ed office | on file v | vith the | |
| | CT Corporation System | | | | | • | |
| | 1200 South Pine Island Road | | | | | | |
| | Plantation | | FL | 33324 | 至 | 2971 | |
| 6. The name and (if changed): | I street address of the new register | red agent (if change | ed) an | id /or regi | Steed o | 1 3 1 | 71 |
| | Corporation Service Company | | | | 22.2 | ס | ता ध |
| | 1201 Hays Street | | | | 200 | TT. | (C.) |
| | P.O. I Tallahassee | Box NOT acceptable | FL | 32301 | A. | ` | |
| The street addre | ess of its registered office and the | street address of t | | · | fice of i | - ts revis | tered agent |
| as changed will | be identical. | | | | | _ | |
| Such change wa authorized by th | us authorized by resolution duly a ne board, or the corporation has b | dopted by its boar een notified in wri | d of citing o | directors of of the cha | or by an inge. | officer | ' SO |
| / Jee | Jill Cilmi, Vice President | | | | | | |
| Signatu | re of an officer or director | · | Printe | ed or typed n | ame and ti | tle | |
| I further agree to performance of agent. Or, if the hereby confirm | the appointment as registered age to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not Service Company | all statutes relative and accept the ol to reflect a chang | e to th bligat e in ti | ie proper ion of my he registe | ańd cor positio | n as res | gistered ess, I |
| By: Wrace | . Z. Kuby | February | 12, 2 | 018 | | | |
| Sign | nature of Registered Agent | | | Date | | | |
| If signing on be | half of an entity: | | | | | | |
| Grace E. Kirby, | Asst. Vice President | | | | | | |
| Ty | ped or Printed Name | • | | | | | |

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

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314