F14 00000 2789

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

Office Use Only



700354769217

11/12/28--81815--888 **35.68

RARCICHS

ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: November 10, 2020

Order#: 502345-009

Re: COMPORIUM SMA SOLUTIONS, 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: Erika Zavala Daza

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

	, ,	617.0502, 607.1508, or 617.1508, Florida Statute on organized under the laws of the State of <u>SC</u>	s, this
in orde	er to change its registered office	or registered agent, or both, in the State of Florida	2.
1. The name of	the corporation: COMPORIUM S	SMA SOLUTIONS, INC.	
2. The principal	office address: 330 E. BLACK S	STREET, ROCK HILL, SC 29730	
3. The mailing a	address (if different): P.O. BOX 4	470, ROCK HILL, SC 29731-6470	
	poration/qualification: 06/26/20		9
	d street address of the current regramment of State: (If resigned, enter	gistered agent and registered office on file with the er resigned)	,
	C T CORPORATION SYSTE	м	- 3
	1200 SOUTH PINE ISLAND F	ROAD	<u>(† 1</u>
	PLANTATION, FL 33324		
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	14 14 14
	Corporation Service Company	/	5: 14
	1201 Hays Street		
P.O. Box NOT acceptable			
	Tallahassee	FL 32301	
		he street address of the business office of its regis	
authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	r so
-1/1/2011		Kevin Cage, Executive VP/CFO	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of a law familiar with and acceping filed merely to reflect a chain been notified in writing of this nervice Company	Printed or typed name and title agent and agree to act in this capacity, f all statutes relative to the proper and complete t the obligation of my position as registered agen nge in the registered office address, I hereby con change.	performance it. Or if this firm that the
By: Draze t	-Kuby_	11/03/2020	
Sig	nature of Registered Agent	Date	
Grace E. Kirbv.	Asst. Vice President		
	yped 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
CR2E045 (04/13)