Division of Corporations Electronic Filing Cover Sheet

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(((H22000418616 3)))



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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Humber : FCACOCCOCC23 Phone : (954)208-0845 Fax Number : (614)573-3996

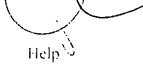
\*\*Enter the email address for this business entity to be used for Juture. annual report mailings. Enter only one omail address please. \*\*

Email Address:

## REGISTERED AGENT CHANGE GCP APPLIED TECHNOLOGIES INC.

Certificate of Status	(1)
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu — Corporate Filing Menu



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To:

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

statement of ch	ange is submitted for a corporation org	502, 607,1508, or 617,1508, Florida Statutes, th arrized under the laws of the State of Delawate	ois 
in ord	er to change its registered office or regi	stered agent, or both, in the State of Florida.	
T. The name of	the corporation: GCP APPLIED TECH?	SOLOGIES INC.	
	l office address: 2325 Lakeview Parkway		<del></del>
	address (if different):		
4. Date of incor	poration/qualification: 06/17/2015	Document number: F15000002628	
	d street address of the current registered rtment of State: (If resigned, enter resig	lagent and registered office on file with the ned)	
	CORPORATION SERVICE COMPAN	Y	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		
6. The name an (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	2022 DEC
	C T Corporation System		0
	1200 South Pinc Island Road		ယ အာ
	POE	Box NOI acceptable	AH IO:
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its registere	d agent.
Such change w authorized by the	as authorized by resolution duly adopt he board, or the corporation has been i	ed by its board of directors or by an officer so notified in writing of the change.	
Min all-		Marc Albanese, Assistant Secretary	
	ire of an officer or director	Printed or typed name and tille	
I further agree of my duties, ar document is he corporation ha	ul I am familiar with and accept the ol ing filed merely to reflect a change in . s been notified in writing of this chang	autes relative to the proper and compicte perf bligation of my position as registered agent. C the registered office address, I hereby confirm	r, it this
CT Corporation	Mich O. Hald	11/29/2022	
Sig	mabile of Registered Agent	Date	
If signing on be	chalf of an entity:		
Michele Hold	den, Asst. Secretary		
	yped or Printed Name		
	* * * FILING F	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314 CR2E145 (04/13)

By: