

(Requestor's Name)	-
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
. PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	- s
Special Instructions to Filing Officer:	101
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: June 6, 2018

Order#: 243149-006

Re: HENRY INDUSTRIES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Mary Rivers 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, 617.0 inge is submitted for a corporation org or to change its registered office or regi	anized under the laws	of the State of K	(ANSAS	
	the corporation: HENRY INDUSTRIES	_	in the situe of 1	an ida	
2. The principal	office address: 3843 NORTH CYPRE	SS WICHITA, KS 672	26		
3. The mailing a	address (if different): P.O. BOX 52074.	2 INDEPENDENCE, N	MO 64052		
4. Date of incorp	poration/qualification: 10/13/2017	Document nu	mber: F170000	04630	
	d street address of the current registerer rtment of State: (If resigned, enter resig		office on file wit	h the	
	NRAI SERVICES, INC.				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL 3	3324	7*4.7 7*4.7	. <u></u>
6. The name and (if changed):	l street address of the new registered a	gent (if changed) and /	or registered offi	ice H	B-NOF
	Corporation Service Company		<del></del>		-P
	1201 Hays Street			₩	ယ္
	P.O Box N Tallahassee	OT acceptable FL 3	2301	*	53
The street address changed will	ess of its registered office and the stre- be identical.	et address of the busin	ness office of its	registered agent	t.
Such change wa	as authorized by resolution duly adopt the board, or the corporation has been i	ed by its board of dire	ectors or by an o the change.	fficer so	
But He	re of an officer or director	BRENT HENRY	or typed name and fille	PRESIDENT	
I hereby accept I further agree i performance of agent. Or, if the hereby confirm	the appointment as registered agent of the appointment as registered agent of the comply with the provisions of all stand I am familiar with and is document is being filed merely to rethat the corporation has been notified in Service Company	and agree to act in this atutes relative to the p laccept the obligation effect a change in the p	s capacity, proper and comp i of my position registered office	olete as registered	
By: X) Mac	nature of Registered Agent	06/04/201	Date Date		
If signing on be	half of an entity:				
	SY, ASSISTANT VICE PRESIDENT				
	* * * FILING F	EE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)