

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900314543009

06/27/18--01019--024 **35.00

Macha

R. WHITE JUN 2 9 2018





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: June 25, 2018

Order#: 260595-005

Re: DSM INDUSTRIES, 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: 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 ch	hange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Flor in organized under the laws of the State ir registered agent, or both, in the State	of OH
1. The name o	f the corporation: DSM INDUSTRII	ES WHOLESALE, INC.	
	al office address: 1340 East 289th		
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 06/01/201	8 Document number: F180	000002598
	nd street address of the current regi partment of State: (If resigned, enter	istered agent and registered office on fi resigned)	le with the
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	
6. The name a (if changed)		red agent (if changed) and /or registere	d office of the first
	Corporation Service Company		
	1201 Hays Street		~ ~
	PO. Tallahassee	Box NOT acceptable FL 32301	7. *
	dress of its registered office and the identical.	e street address of the business office	
Such change vauthorized by	was authorized by resolution duly the board, or the corporation has be	adopted by its board of directors or by been notified in writing of the change.	an officer so
	el E. agni	Jill Cilmi Printed or typed name a	Vice President
I hereby accept further agree performance agent. Or, if I hereby confirm	e to comply with the provisions of of my duties, and I am familiar wit	gent and agree to act in this capacity. All statutes relative to the proper and th and accept the obligation of my pos y to reflect a change in the registered	complete ition as registered
By: Xhor	a Latinble		
	behalf of an entity:		
Grace E. Kirb	y, Asst. Vice President	_	
	Typed or Printed Name		

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