## F2000002440

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
|   |  |  |  |
| (Address)                               |  |  |  |
| (Add)                                   |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Dunidada Fakhallana)                   |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
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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: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: September 18, 2020

Order#: 415951-003

Re: AURORA STORAGE PRODUCTS, 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

| statement of cha   | nge is submitted for a corporat   | ion organized under the laws of the State of DE or registered agent, or both, in the State of Florida.  |
|--|---|---|
|  | the corporation: AURORA STO   |   |
|  | · ·   |   |
| 2. The principal   | office address: 600 S. LAKE S   | TREET, AURORA, IL 60306   |
| 3. The mailing a   | address (if different):   |   |
| 4. Date of incorp  | poration/qualification: 06/01/20  | Document number: F20000002440   |
|  | d street address of the current re<br>rtment of State: (If resigned, ent  | gistered agent and registered office on file with the<br>er resigned)   |
|  | CT CORPORATION SYSTE  | М   |
|  | 1200 SOUTH PINE ISLAND  | ROAD  |
|  | PLANTATION, FL 33324  |   |
| 6. The name and (if changed):                                | i street address of the new regis   | tered agent (if changed) and /or registered office  |
|  | Corporation Service Compar  | ny  |
|  | 1201 Hays Street  |   |
|  |   | P.O. Box NOT acceptable   |
|  | Tallahassee   | FL 32301  |
| The street address changed will                              | ess of its registered office and the identical.   | the street address of the business office of its registered agent   |
| Such change was authorized by the                            | as authorized by resolution dul<br>he board, or the corporation ha  | y adopted by its board of directors or by an officer so s been notified in writing of the change.   |
| Χ,   | u & Comi  | Jill Cilmi, Vice President  |
| of my duties, an document is bei corporation has Corporation | to comply with the provisions of all am familiar with and acceping filed merely to reflect a chast been notified in writing of this Service Company | Printed or typed name and title agent and agree to act in this capacity, of all statutes relative to the proper and complete performanc of the obligation of my position as registered agent. Or, if thi ange in the registered office address, I hereby confirm that the s change. |
| <u>-1'</u>   | za C.Kuby   | 09/18/2020  |
| ·  | mature of Registered Agent  | Date  |
| Grace E. Kirbv   | Asst. Vice President  |   |
|  | yped or Printed Name  | <del>_</del>  |
|  | ,   |   |

\* \* \* 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)