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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

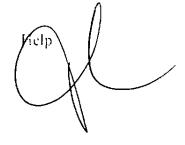
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	ani	nual	report	t mailin	es.	Enter	only	one	email	add	ress	; ple	ase.	++	$\pm$ :
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## REGISTERED AGENT CHANGE PIEDMONT LITHIUM CAROLINAS, INC.

Certificate of Status	0
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 $\ddot{\sim}$ 2023 HAY 23

From David Thomas

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

2023-05-23 12.21:12 CST

statement of cha	mge is submitted for a corporation or;	9502, 607,1508, or 617,1508, Florida Statutes, this ganized under the laws of the State of <mark>North Caroli</mark> gistered agent, or both, in the State of Florida.				
1. The name of t	the corporation: PIEDMONT LITHU:	M CAROLINAS, INC.				
2. The principal BELMONT, NO	רטימי	M CAROLINAS, INC.				
3. The mailing a	iddress (if different):					
4. Dateotincorp	oration/qualification: 12/08/2022	Document number: F22000007468				
5. The name and		ed agent and registered office on tile with the				
	CORPORATE CREATIONS NETWO	RK INC.				
80) U\$ HWY I						
	NORTH PALM BCH, FL 33408	F-5				
6. The name and (ifchanged):	d street address of the new registered a		2023 HAY 23 AM 8			
	C T Corporation System	mc mc	AM 8: 57			
	1200 South Pine Island Road					
	P.O Plantation, Florida 33324	Box NOT acceptable	_			
The street addreas changed will	ess of its registered office and the str be identical.	eet address of the business office of its registered	i agent.			
		nted by its board of directors or by an officer so notified in writing of the change.				
J	Jan Chart	JOE DAVIS, SECRETARY				
Signatu	re of an officer or director	Printed or typed name and title				
I further agree i of my duties, an document is bei corporation has	id Lam Jamiliar with and accept the i ing filed merely to reflect a change it s been notified in writing of this char	tatutes relative to the proper and complete perfo obligation of my position as registered agent. Of 1 the registered office address, I hereby confirm t	ormance r, if this that the			
C T Corporation	System San Chain As	05/04/2023				
Sig	nature of Registered Agent	Daie				
It signing on be	half of an entity:					
SEAN L. EMER	ICK, ASSISTANT SECRETARY					
	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, TALLAHASSLE, FL 32314 CR2E045 (04/13)

By: