Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002345563)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE PUREHM U.S. INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu

Help

JUL 0 6 2023

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

statement of ch	provisions of sections 607.0502, 617.6 ange is submitted for a corporation org er to change its registered office or reg	ganized under the laws of the State of <u>.</u>	Delaware
1. The name of	the corporation: PureHM U.S. Inc.	AN CLUTED	
2. The principal	l office address: 8920 STATE ROUTE 1 COLUMBIA, MD 2104	98, SUITE D	
_	address (if different):		
	poration/qualification: 08/26/2014		
	d street address of the current registere rtment of State: (If resigned, enterresig		ith the
	Corporation Service Company		_
	1201 Hays Street		_
	Tallahassee, Fl 32301-2525		
6. The name and (ifchanged):		gent (if changed) and /or registered of	~ `
	C T Corporation System		023 JUL -5
	1200 South Pine Island Road		
	Plantation, Florida 33324	Box NOI acceptable	1
The street addr as changed will	ess of its registered office and the stre l be identical. as authorized by resolution duly adop	et address of the business office of it	s registered ament.
Such change wa authorized by the	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an notified in writing of the change.	officer so ω
	OBERT W. BARLETT ire of an officer or director	ROBERT W. BARLETT, VICE PRESIDE	
Thereby accept I further agree of my duties, ar document is be	the appointment as registered agent to comply with the provisions of all si nd I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of the chang	and agree to act in this capacity. tatutes relative to the proper and con phligation of my position as registere the registered office address, I here!	anlete nertarmance
Sig	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
JOE DAVIS, AS	SSISTANT 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, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: