F 9300000 1286

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

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@cscqlobal.c9om

Date: January 27, 2020

Order#: 149698-281

Re: TOTAL SPECIALTIES USA, 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 char | rovisions of sections 607.0502, 617.0502, 6 age is submitted for a corporation organized to change its registered office or registered | d under the laws of the State of DE | | |
|---|---|---|---|--|
| 1. The name of the | ne corporation: TOTAL SPECIALTIES USA | , INC. | | |
| 2. The principal office address: 1201 LOUISIANA ST SUITE 1800 , HOUSTON, TX 77002 | | | | |
| 3. The mailing ac | ldress (if different): | | | |
| 4. Date of incorp | oration/qualification: 04/19/1993 | Document number: F9300000128 | 36 | |
| 5. The name and | street address of the current registered agen ment of State: (If resigned, enter resigned) | | | |
| | CT CORPORATION SYSTEM | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | |
| | PLANTATION, FL 33324 | | 9792 | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | | 20 U 129 | |
| | Corporation Service Company | | 77 | |
| | 1201 Hays Street | | 7° H: 4 3 | |
| | P.O. Box NO Tallahassee | OT acceptable FL 32301 | <u>-</u> | |
| The street addre as changed will | ss of its registered office and the street add be identical. | dress of the business office of its reg | istered agent. | |
| Such change wa authorized by th | s authorized by resolution duly adopted by board, or the corporation has been notified | its board of directors or by an officed in writing of the change. | er so | |
| | Xee & GOME Ji | II Cilmi, Vice President | | |
| - (| c of an officer or director | Printed or typed name and title | | |
| I further agrée t of my duties, and document is beit corporation has | the appointment as registered agent and a to comply with the provisions of all statutes of I am familiar with and accept the obliga- ing filed merely to reflect a change in the re been notified in writing of this change. I Service Company | gree to act in this capacity. I relative to the proper and complete tion of my position as registered age egistered office address, I hereby co. | e performance ent. Or, if this nfirm that the | |
| By: Dras | et-Kuble 0 | 1/24/2020 | | |
| Sign | mure of Registered Agent | Date | | |
| If signing on bel | nalf of an entity: | | | |
| | Asst. Vice President ped 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)