## F970000000154

| (Re                                     | questor's Name)   |             |  |  |
|---|-------------------|-------------|--|--|
| (Address)                               |                   |             |  |  |
| (Ad                                     | dress)            |             |  |  |
| (Cit                                    | y/State/Zip/Phon  | e #)        |  |  |
| PICK-UP                                 | WAIT              | MAIL        |  |  |
| (Bu                                     | siness Entity Nai | me)         |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificate     | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: November 3, 2016

Order#: 343273-014

Re: MORAN TOWING CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

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.

OUCA.XCOA

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

| statement of cha   | provisions of sections 607.0502, 617<br>nge is submitted for a corporation o<br>to change its registered office or re   | organized under the laws of the  | State of New York  |  |  |
|--|---|--|--|--|--|
| 1. The name of the   | ne corporation: MORAN TOWING  | CORPORATION  |  |  |  |
| 2. The principal   | office address: 50 Locust Avenue,   | New Canaan, CT 06840   |  |  |  |
| 3. The mailing ac  | ddress (if different):  |  |  |  |  |
| 4. Date of incorp  | oration/qualification: 01/09/1997   | Document number:   | F97000000154   |  |  |
|  | street address of the current registe<br>ment of State: (If resigned, enter re  |  | on file with the   |  |  |
|  | CT Corporation System   |  | = =  |  |  |
|  | 1200 South Pine Island Road   |  | ECON N   |  |  |
|  | Plantation  | FL 33324   | TARE MASS  |  |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered o (if changed): |   |  |  |  |  |
|  | Corporation Service Company   |  | ₹ 20 mm 25 |  |  |
|  | 1201 Hays Street  |  |  |  |  |
|  | P.O. Box  | NOT acceptable FL 32301  | ,  |  |  |
|  | Talialiassee  | 16 02001   |  |  |  |
| The street addre as changed will   | ss of its registered office and the st<br>be identical.   | treet address of the business of   | fice of its registered agent,  |  |  |
| Such change wa<br>authorized by th   | s authorized by resolution duly add<br>e board, or the corporation has bee  | opted by its board of directors on notified in writing of the cha                                      | or by an officer so<br>ange.   |  |  |
| X.   | re E. Cienci  | Jill Cilmi   | Vice President   |  |  |
| ( )  | Signature of an officer or director Printed or typed name and title   |  |  |  |  |
| I further agree to<br>performance of<br>agent. Or, if thi<br>hereby confirm                                | the appointment as registered ages<br>o comply with the provisions of all<br>my duties, and I am familiar with a<br>s document is being filed merely to<br>that the corporation has been notif<br>n Service Company | statutes relative to the proper<br>and accept the obligation of my<br>preflect a change in the registe | and complete<br>position as registered   |  |  |
| By: Lind   | su M. Fockard   | 11/2/2016  | 3  |  |  |
|  | natura of Registered Agent  | Date   |  |  |  |
|  |   |  |  |  |  |
|  | d, Asst. Vice President ped or Printed Name   |  |  |  |  |

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