## F9700000335a

| (Re                                     | questor's Name)    |             |
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| (Ad                                     | dress)             |             |
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| (Cit                                    | ty/State/Zip/Phon  | e #)        |
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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: June 15, 2015

Order#: 648983-026

Re: KNOLL, INC.

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

SECURITY AND: 13

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

| statement of ch   | ange is submitted for a corporat   | 2, 617.0502, 607.1508, or 617.1508, Florida Statutes,<br>tion organized under the laws of the State of <mark>DE</mark><br>e or registered agent, or both, in the State of Florida.  |                 |     |
|---|--|---|-----------------|-----|
| 1. The name of  | the corporation: KNOLL, INC.   |   |                 | _   |
|   | l office address:<br>ER ST, EAST GREENVILLE PA   | A 18041   |                 | _   |
| 3. The mailing  | address (if different):  |   |                 | _   |
| 4. Date of incor  | rporation/qualification: 05/02/19  | 997 Document number: F97000002352   |                 | _   |
|   | d street address of the current re<br>artment of State: (If resigned, ent                              | egistered agent and registered office on file with the ter resigned)  |                 |     |
|   | C T CORPORATION SYSTEM   | M   |                 |     |
|   | 1200 SOUTH PINE ISLAND F   | ROAD  |                 |     |
|   | PLANTATION   | FL 33324  |                 |     |
| 6. The name an (if changed):  |  | stered agent (if changed) and /or registered office   | <u> </u>        |     |
|   | Corporation Service Company  | <u>y                                     </u>   |                 | 1   |
|   | 1201 Hays Street   | 5.4 V<br>6.3 d<br>  |                 | ••• |
|   | P.o.<br>Tallahassee  | O. Box NOT acceptable   | Aff Co.         |     |
|   |  | FL 32301  |                 | ,-  |
| The street addr<br>as changed will                                      | ess of its registered office and t<br>l be identical.  | the street address of the business office of its registé  | red ágent,      |     |
| Such change wauthorized by t  | as authorized by resolution duly<br>he board, or the corporation has                                   | y adopted by its board of directors or by an officer s s been notified in writing of the change.  | o o             |     |
| D   |  | Dona Priebe, Vice President   |                 |     |
| Signan  | an office or director  | Printed or typed name and title   | <del></del>     |     |
| I further agree<br>performance of<br>agent. Or, if th<br>hereby confirm | to comply with the provisions of<br>my duties, and I am familiar w<br>his document is being filed mere | agent and agree to act in this capacity. of all statutes relative to the proper and complete vith and accept the obligation of my position as regis ely to reflect a change in the registered office addres notified in writing of this change. | stered<br>ss, I |     |
| BXX   | see Cokubi   | 06/09/2015  |                 |     |
| Sig   | gnature of Registered Agent  | Date  |                 |     |
| If signing on be  | ehalf of an entity:  |   |                 |     |
| Grace E. Kirby  | , Asst. Vice President   |   |                 |     |
| T   | yped or Printed Name   | <del></del>   |                 |     |

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