## 7990000 2606

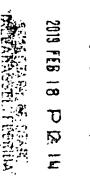
(Re	equestor's Name)		
(Address)			
(Ad	dress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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FEB 2 2 200) T. LEMIEUX



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kyle Rosin kyle.rosin@cscqlobal.com

Date: February 14, 2019

Order#: 578099-014

Re: THE HILLMAN GROUP, 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: Kyle Rosin 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 cha	nge is submitted for a corpe	oration organized under	8. or 617.1508. Florida Statutes, this the laws of the State of _DELAWARE or both, in the State of Florida.	
1. The name of t	he corporation: THE HILLM	IAN GROUP, INC.		
	office address: 10590 HAM		NNATI, OH 45231	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 05/2	0/1999 Docu	ment number: F99000002606	
	I street address of the currer tment of State: (If resigned.	<del>-</del>	gistered office on file with the	
	NRAI SERVICES, INC			
	1200 SOUTH PINE ISLAND ROAD			
	Plantation, FL 33324			
6. The name and (if changed):	street address of the new re	egistered agent (if change		
	Corporation Service Comp	oany	200	
	1201 Hays Street	P.O. Box. NOT acceptable		
	Tallahassee, FL 32301	- PO BOX INVIT acceptable	<b>3 5</b>	
The street addre	ss of its registered office a be identical.	nd the street address of t	he business office of its registered agent.	
			d of directors or by an officer so iting of the change.	
Xie	r E. Cienci		Vice President	
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm	my duties, and I am familia	ns of all statutes relative ir with and accept the of ierely to reflect a chang ien notified in writing of	e to the proper and complete bligation of my position as registered e in the registered office address, I this change.	
By: I Ing	co CKOO	01/21/201	Date	
If signing on bel	half of an entity:			
Grace E. Kirby,	Asst. Vice President			
Ту	ped or Printed Name	<del></del>		

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