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| (Rec | questor's Name) | | | | |
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| (Adc | lress) | | | | |
| (Add | dress) | | | | |
| (City | /State/Zip/Phone | e #) | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Bus | siness Entity Nar | me) | | | |
| (Document Number) | | | | | |
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| Special Instructions to F | Filing Officer: | | | | |
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2019 FEB 15 PH 5: 15

C. GOLDEN FEB 2 0 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Raker amanda.raker@cscglobal.com

Date: February 13, 2019

Order#: 608617-003

Re: KAIVAC, 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: Amanda Raker 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 ch | provisions of sections 607.0502, ange is submitted for a corporati er to change its registered office (| on organized under the la | ws of the State | of OHIO |
|---|--|---|---|--|
| 1. The name of | the corporation: KAIVAC, INC. | | | |
| 2. The principa | l office address: 2680 Van Hook | Ave Hamilton OH 45015 | | |
| 3. The mailing | address (if different): | | | |
| 4. Date of incor | poration/qualification: 09/07/19 | 99 Document | number: F990 | 000004618 |
| 5. The name an | d street address of the current reg artment of State: (If resigned, ente | istered agent and registere | | le with the |
| | COGENCY GLOBAL INC. | | | 2019 FEB 1 |
| | 115 NORTH CALHOUN ST. | | | B 15 |
| | Tallahassee | FL | 32301 | SSE P |
| 6. The name an (if changed): | d street address of the new registe | ered agent (if changed) and | d /or registere | i i |
| | Corporation Service Company | | | |
| | 1201 Hays Street | | | |
| | P.() Tallahassee | Box NOT acceptable FL | 32301 | |
| The street addr | ess of its registered office and th | | | of its registered agent |
| as changed will | l be identical. | | | |
| Such change wauthorized by L | as authorized by resolution duly he board, or the corporation has | adopted by its board of d been notified in writing o | lirectors or by of the change. | an officer so |
| > | Lie E. Cionie | Jill Cilmi, Vice F | | |
| ~(| of an officer or director | | ed or typed name ai | nd title |
| l further agree performance of agent. Or, if th hereby confirm | The appointment as registered a to comply with the provisions of my duties, and I am familiar wi is document is being filed merel that the corporation has been no Service Company | all statutes relative to the th and accept the obligati v to reflect a change in th | e proper and ion of my posi ie registered a | complete ition as registered office address, l |
| <u>Ву: </u> | aco Y-Kuble | 02/12/2019 | Day | |
| | mature of Registered Agent | | Date | |
| | chalf of an entity: | | | |
| | , Asst. Vice President yped or Printed Name | _ | | |
| 1 | 2 ped or reinted traint | | | |

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