## M0800003142

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	lame of the limited liability company: ARYSTA LIFES	CIENCE	NORTH AMERICA, LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
			(NOIE. MAT BE POST OFFICE BOX)
	15401 Weston Pkwy, Suite 150	<del></del>	
	Cary, NC 27513		
,	06/26/2008	<del>-</del>	M08000003142
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Registered Agent and Registered Office shown on the records of	<u> </u>	
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
•	C T Corporation System		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	
	1200 South Pine Island Road	<u> </u>	
	Plantation , FL	33324	및 <b></b>
		<u> </u>	
(b)	Corporation Service Company		<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	16 ADV 21 PH 2: 32 DIVISION OF CREE DANTIONS
			<u> </u>
	1201 Hays Street		
	NEW Registered Office Address:		i iii
	Tallahassee, FI_	32301	<b>b</b>
the ch agent was/y	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regist ability cor of the limit	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Sign	ature of a member or authorized tepresentative of a member	Rico	Christensen Printed or typed name of signee
	•		7, 3
provis the ob to mei	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change.	ree to act to performand for in Ci hereby con	n this capacity. I juriner agree to comply with the nice of my duties, and I am familiar with and accept napter 605, F.S. Or, if this document is being filed after that the limited liability company has been
	1 lace Convole		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: November 17, 2016

Order#: 365863-005

Re: ARYSTA LIFESCIENCE NORTH AMERICA, LLC

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: Marissa Rather-lopez 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.

QUCA.XCOA