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(Requestor's Name)					
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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX 20 FLB -3 PA 2:28

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: January 30, 2020

Order#: 156246-001

Re: CHS AMERICAS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Erika Zavala Daza

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 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.

١.	Na	me of the limited liability company: CHS AMERICAS	, LLC		
2	(a)	8810 Astronaut Blvd.	(b)	8810 As	stronaut Blvd.
-	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-,		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Cape Canaveral, FL 32920	-	Cape Car	naveral, FL 32920
		03/26/2010	-	М1000000	01423
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T CORPORATION SYSTEM			
•	()	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:
		1200 SOUTH PINE ISLAND ROAD			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			72
					33
		PLANTATION , FL	33324		
					20 FEB -3 PM 2: 28
	(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Of			- ro	
		fance name of Allow Registered Agent and on Allow Registered V	mice aud		20
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee	32301		
		, i to_	02001		
th ag wa	e cha gent v as/we	imited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he regist pility cou the limi	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		/s/ Kelly MeIntyre	Kell	McIntyre,	Authorized Person
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
pr th to	ovisi e obl merc	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I hi d in writing of this change.	e to act performa for in C ereby co	in this capa nce of my a hapter 605 nfirm that i	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been
S	ignatu		BY: Gr	ace E. Kir	by, Asst. Vice President