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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: June 19, 2020

Order#: 312715-009

Re: PEROXYCHEM LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Ashley Seeman 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 BOTI LIMITED LIABILITY COMPANY

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

l.	Na	me of the limited liability company: PEROXYCHEM	M LLC		
2	(a)	One Commerce Square		(b)	One Commerce Square
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability comp. (Note: MAY BE POST OFFICE BO.
		2005 Market Street Suite 3200			2005 Market Street Suite 3200
		Philadelphia, PA 19103			Philadelphia, PA 19103
		03/21/2014		i	M14000001932
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(a)				
٥.	(=)	Registered Agent and Registered Office shown on the records o COGENCY GLOBAL INC.	of the Flo	rida	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET	T <u>A D D R I</u>	ESS)	2
		115 North Calhoun St. Suite 4			
		Tallahassee . F	3230	1	
					``````````````````````````````````````
	(b)	Enter name of NEW Registered Agent and/or NEW Registere	1.00		·
		Enter name of NEW Registered Agent and/or NEW Registere	ea Office	<u> 100</u>	gress:
		Corporation Service Company			<u>ي</u> <del>::</del>
		NEW Registered Office Address:			
		1201 Hays Street			<del></del>
		Tallahassee F	L_3230	1	
ch ag wa	ange ent v as/we e arti	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the regist liability of the limite	ere cor limi d li	ed office and the business office of the registed impany, it is hereby confirmed that the chang lited liability company or as otherwise provide iability company.
		II Cilmi	J _	ill C	Cilmi, Authorized Person  Printed or typed name of signee
I protection to no.	here ovisi e obl mero tified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agent on so fall statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.  The of Registered Agent E. Kirby, Asst. Vice President of Corporation Service.	e perfoi led for i I hereby	ma n Ci coi	in this capacity. I further agree to comply vance of my duties, and I am familiar with and hapter 605, F.S. Or, if this document is being on firm that the limited liability company has

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