M170000/0638

(Requestor's Name)					
(Address)					
(Address)					
(City/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



900324489139

02/15/19--01024--003 ++25.00

2019 FEB 15 AM 10: 41 SECRE) 5 M

R. WHITE FEB 20 ED



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: February 13, 2019

Order#: 567777-108

Re: NOVOLEX SHIELDS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

 $XX \longrightarrow$ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Katie THOMAS 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 FOF 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.	Na	me of the limited liability company: NOVOLEX S	HIELDS, LL	C	
2 (a)	101 EAST CAROLINA AVENUE	(b)	101 EAST CAROLINA AVENUE	
(•••,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		HARTSVILLE, SC 29550		HARTSVILLE, SC 29550	
		12/15/2017		M17000010638	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	COGENCY GLOBAL INC.			
·/· ((11)	Registered Agent and Registered Office shown on the records	of the Florida l	Dept. of State:	
		115 NORTH CALHOUN STREET, STE 4			
		Registered Office Address (MUST BE FLORIDA STREET	 		
		TALLAHASSEE	FL <u>32301</u>	2019 F	
(b)	Corporation Service Company			
·	Enter name of NEW Registered Agent and/or NEW Registered O			ice address:	
		1201 Hays Street			
		NEW Registered Office Address:		AN 10: 44	
		Tallahassee	FL 32301		
the dager was, the d	cha n w /we artic	mited liability company is not organized under the nge or changes are made, the Florida street address fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the unit of a member or authorized representative of a member	of the regist Hiability con is of the limit he limited lia Jill Ci	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company. Imi, Authorized Person Printed or typed name of signee	
prov the a to m	risio obli iere	ny accept the appointment as registered agent and a cons of all statutes relative to the proper and comple gations of my position as registered agent as providy reflect a change in the registered office address, I in writing of this change.	igree to act i de performa ded for in Cl I hereby coi	n this capacity. I further agree to comply with the uce of my duties, and I am familiar with and accep- apter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been	
Sign	alur	c of Registered Agent Corporation Service Company	e BY: Gr	nce F. Kirby. Asst. Vice President	