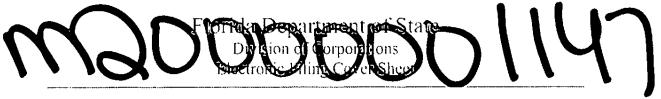
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Division of Corporations



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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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Help

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. Na	ame of the limited liability company: SOFT-LITE L.L.C	`•		
2. (a)	5020 Weston Parkway, Suite 400	(I	5020 West	on Parkway, Suite 400
2. (11)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	_	7	dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Cary. NC 27513	-	Cary, NC 2	7513
	01/28/2020		M20000001	147
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document number
2. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State 1201 HAYS ST			•
	Registered Office Address	DDRES.	<u> </u>	
	TALLAHASSEE , FL	32301		
(b)	C T Corporation System			•
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ac	<u>ldress</u> :	f.,
	NEW Registered Office Address: 1200 South Pine Island Road			· • • • • • • • • • • • • • • • • • • •
	Plantation FL_	33324		
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of the operating agreement of the laulu Sewnici	s of the the regi bility c of the lin limited	stered office ompany, it is nited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
I here, provisi the obl to mere notified By:	ture of a member or authorized representative of a member 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 h d'in writing of this change. CT Corporation System The of Registered Agent STEPPANIE HENCE, ASSISTANT SECRETARY	บอรโอรท	unce of my i	luties, and Lam familiar with and accept.