## P09832

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

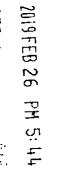
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Raker amanda.raker@cscglobal.com

Date: February 22, 2019

Order#: 610887-023

Re: PILKINGTON NORTH AMERICA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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: Amanda Raker 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.

OUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is sul	s of sections 607.0502, 617.02 hmitted for a corporation orgo ge its registered office or regi.	anized under the la	iws of the State of D	ELAWARE
The name of the corpor	ration: PILKINGTON NORTH	AMERICA, INC.		
2. The principal office add	ration: PILKINGTON NORTH dress: 811 MADISON AVENU	JE TOLEDO, OH 4	13604	
3. The mailing address (if	different):			
4. Date of incorporation/q	ualification:04/18/1986	Document	number: P09832	
5. The name and street ad	dress of the current registered State: (If resigned, enter resig	l agent and register		
CT COR	PORATION SYSTEM		 	
1200 S.	PINE ISLAND ROAD			EB 21
PLANTA	TION	FL	33324	D Fil
6. The name and street ad (if changed):	dress of the new registered ag	gent (if changed) ar	nd /or registered offic	PN 5: 44 PN 5: 44
Corpora	tion Service Company			
1201 Ha	ys Street			
Tallahas		Oll acceptable FL	32301	
	registered office and the stree cal. zed by resolution duly adopte or the corporation has been n			
Signature of an office	er or director	Jill Cilmi, Vice	President led or typed name and title	
I hereby accept the appoint of the superior of	intment as registered agent as with the provisions of all steets, and I am familiar with and ent is being filed merely to recorporation has been notified to Company	and agree to act in atutes relative to the accept the obligate flect a change in t I in writing of this	this capacity. he proper and comp tion of my position of he revistered office	is registered
By: Signature of Reg	ristered Agent	02/21/2019 Date		
If signing on behalf of an	entity:			
Grace E. Kirby, Asst. Vic				
Typed or Print		TE. 635 00 + + +		
	ուս բլեն <b>ու</b> ն է	'EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314