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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: Anthony Arthur anthony.arthur@cscqlobal.com

Date: August 17, 2018

Order#: 342712/026

Re: OVERON US, 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 Return Regular Mail in the enclosed envelope.

Attn:Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida m organized under the laws of the State of r registered agent, or both, in the State of .	FLORIDA
1. The name of	the corporation: OVERON US, IN	IC.	
	l office address: 7331 NW 74TH S		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 03/25/201	0 Document number: P10000	026535
	d street address of the current regintering in the current reginer.	stered agent and registered office on file w resigned)	ith the
	LOPEZ, OSCAR		
	7331 NW 74TH STREET		201 SE
	MIAMI, FL 33166		2018 AUG 21 SECRETAR TALLAHA
6. The name an (if changed):	d street address of the new registe	red agent (if changed) and /or registered of	L SSIL
	Corporation Service Company	,	STAT
	1201 Hays Street		m -F
	P O Box NOT acceptable		
	Tallahassee	FL 32301	
The street addr as changed will	ess of its registered office and the l be identical.	e street address of the business office of it	s registered agent,
Such change wauthorized by t	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an open notified in writing of the change.	officer so
Xie o	z. & CONTEL Jill Cilmi, Vice President		
ignati	ure of an officer or director	Printed or typed name and tit	le
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of I'my duties, and I am familiar wit	gent and agree to act in this capacity, all statutes relative to the proper and con h and accept the obligation of my position to reflect a change in the registered offic stified in writing of this change.	í as registered
By: Dre	see CKuble	08/17/2018	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Grace E. Kirby	, Assistant Vice President		
],	yped or Printed Name	-	

* * * FILING FEE: \$35.00 * * *