P18000032535

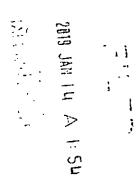
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: January 10, 2019

Order#: 546667/006

Re: SMC ACQUISITION CORP

Enclosed please find:

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:Ashley Seeman 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 cha	provisions of sections 607.0502, 617.050. inge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of the State of	r_Florida
1. The name of t	the corporation: SMC ACQUISITION CO	RP	
2. The principal	office address: 405 KESCO DRIVE, BRI	STOL, IN 46507	
3. The mailing a	ddress (if different): PO BOX 310, BRIS	TOL, IN 46507	
4. Date of incorp	. Date of incorporation/qualification: 04/05/2018 Document number: P18000032535		0032535
	I street address of the current registered ag tment of State: (If resigned, enter resigne	~	with the
	C T CORPORATION SYSTEM		_
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324		HAT 6182
6. The name and (if changed):	I street address of the new registered agen	it (if changed) and /or registered o	office =
	Corporation Service Company		· > ,
	1201 Hays Street		54
	Tallahassee, FL 32301	acceptable	_
The street addre as changed will	ess of its registered office and the street a be identical.	address of the business office of	its registered agent.
Such change wa	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by ar ified in writing of the change.	officer so
X	ie E. Cioni	Jill Cilmi, Vice President	
I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and comply with the provisions of all statumy duties, and I am familiar with and action to reflect the corporation has been notified in Service Company	tes relative to the proper and co. Sept the obligation of my positiv	mplete m as registered
	ce C-Kubl	12/17/2018	
	, .	Date	
	half of an entity:		
	Asst. Vice President		
17	ped or Printed Name		

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

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

		on organized under the laws of the State of Florida	
		or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: SMC ACQUISIT	TON CORP	
2. The principal	office address: 405 KESCO DR	IVE, BRISTOL, IN 46507	
3. The mailing a	address (if different): PO BOX 3	10, BRISTOL, IN 46507	
4. Date of incor	poration/qualification: 04/05/20	18Document number: P18000032535	
5. The name and		sistered agent and registered office on file with the	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324	OAD	
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	
	Corporation Service Company	E	
	1201 Hays Street		
		Box NOT acceptable	
	Tallahassee, FL 32301		
		ne street address of the business office of its registered agent.	
Such change wa authorized by th		adopted by its board of directors or by an officer so been notified in writing of the change.	
X	(5 (Jill Cilmi, Vice President	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	to comply with the provisions of my duties, and I am familiar wi is document is being filed merel	Printed or typed name and litte and agree to act in this capacity. I fall statutes relative to the proper and complete the obligation of my position as registered by to reflect a change in the registered office address. I officed in writing of this change.	
By: Dro	Les C-Kubb	12/17/2018	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President	_	
T	yped or Printed Name	_	

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