



RECEIVED STATE
 BUSINESS SERVICES DIVISION
 2021 OCT 8 PM 1:02

Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island.

1. Entity ID Number 001660889	2. Exact Name of the Limited Liability Company Master WoodCraft Cabinetry, L.L.C.
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 450 VETERANS MEMORIAL PARKWAY, SUITE 7A,	
City/Town EAST PROVIDENCE,	State RHODE ISLAND Zip 02914
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: BUSINESS FILINGS INCORPORATED	
5. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A	
City/Town East Providence	State RHODE ISLAND Zip 02914
6. The name of the NEW resident agent is: C T Corporation System	
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>	
Name of Authorized Person of the Limited Liability Company Jennifer Kurz	Date 10/6/2021
Signature of Authorized Person of the Limited Liability Company 	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED **STAMP**
 OCT 8 2021 1:02

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT PLATINUM EQUITY ADVISORS, LLC, a Delaware limited liability company ("PEA"), formed under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint as attorneys-in-fact for PEA (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the PEA and in the PEA's name for the limited purposes authorized herein.

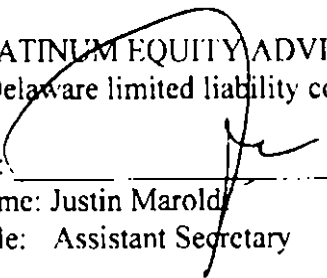
The PEA and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the PEA's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by PEA.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney shall expire on October 15, 2021.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this September 3, 2021.

PLATINUM EQUITY ADVISORS, LLC
a Delaware limited liability company

By: 
Name: Justin Marold
Title: Assistant Secretary

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

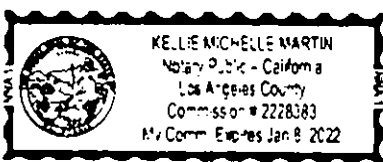
State of California

County of Los Angeles

On September 3, 2021 before me, Kelle Michelle Martin, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Justin Maraldi
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Kelle Martin
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____
 Corporate Officer - Title(s): _____ Corporate Officer - Title(s): _____
 Partner - Limited General Partner - Limited General
 Individual Attorney in Fact Individual Attorney in Fact
 Trustee Guardian of Conservator Trustee Guardian of Conservator
 Other: _____ Other: _____
Signer is Representing: _____ Signer is Representing: _____

Exhibit A:

1. ACProducts Holdings, Inc.
2. ACProducts, Inc.
3. Cabinets 2000, LLC
4. SMART, LLC
5. SCM PROPERTIES LLC
6. Master WoodCraft Cabinetry, L.L.C.
7. MCW Industries, L.L.C.
8. acpi Wood Products, LLC
9. Cabinetworks Group Michigan, LLC
10. Cabinetworks Group Middlefield, LLC