Division of Corporations



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To:
Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: pscherm@sauer-inc.com

REGISTERED AGENT CHANGE SAUER INCORPORATED

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.	_	
1. The name of the corporation: SAUER INCORPORATED		
2. The principal office address: 30 51st Street, Pittsburgh, Pennsylvania 15201		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 10/8/1968 Document number: 821931		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)		
KEVIN J KELLY		
11223 PHILLIPS PKWY DR.E	20	
JACKSONVILLE, FL 32256	1020 NOV 12	æ
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):		
Business Filings Incorporated		֟ ֓֞֞֞֞֞֞֞֞֩֞֞֩֞֞֩֞֞֩֞֞֩֞֞֩֞֩֞֞֩
1200 South Pine Island Road	=	
P.O. Box NOT acceptable		
Plantation, Florida 33324		
The street address of its registered office and the street address of the business office of its registered ag as changed will be identical.	ent.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.		
Terence R. Kiliany, Vice-President Signification of director of director of director of the conditions	_	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address; I hereby confirm that the corporation has been notified in writing of this change.		
Mull 4th day of November, 2020 Signature of Registered Agent Date		
	_	
If signing on behalf of an entity:		
Mark Williams, AVP		
Typed or Printed Name * * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)