Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Phone

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

| m 1 7  | Addrage: |  |  |  |
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## REGISTERED AGENT CHANGE BELFAB, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

| TO: Amendment Section<br>Division of Corporations   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Belfab, Inc. SUBJECT:   |  |  |  |  |  |  |  |
| Name o  | Corporation  |  |  |  |  |  |  |
| DOCUMENT NUMBER: F06000001151   |  |  |  |  |  |  |  |
| The enclosed Statement of Change of Registered Of   | ffice/Agent and fee are submitted for filing.  |  |  |  |  |  |  |
| Please return all correspondence concerning this ma   | utter to the following:  |  |  |  |  |  |  |
| Juile   | K, Lentz   |  |  |  |  |  |  |
| Name of   | Contact Person   |  |  |  |  |  |  |
| Be  | lfab, Inc.   |  |  |  |  |  |  |
| Firm/Company  |  |  |  |  |  |  |  |
| 5605 Carnegie Blvd., Suite 500  |  |  |  |  |  |  |  |
|   | uddress  |  |  |  |  |  |  |
| Charlot   | ne, NC 28209   |  |  |  |  |  |  |
| City/State and Zip Code   |  |  |  |  |  |  |  |
| julie.lentz@enproindustries.com   |  |  |  |  |  |  |  |
| E-mail address: (to be used for   | or future annual report notification)  |  |  |  |  |  |  |
| For further information concerning this matter, plea  | se call:   |  |  |  |  |  |  |
| Julie K. Lentz  | at ( 704 731-1522  |  |  |  |  |  |  |
| Name of Contact Person  | Area Code & Daytime Telephone Number   |  |  |  |  |  |  |
| Enclosed is a \$35.00 check made payable to the De  | partment of State.   |  |  |  |  |  |  |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |  |  |  |  |  |

CR2E045 (03/12)

PL006 - 05/16/2012 Wolters Kluwer Online

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

| statement of c  | he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statules, thange is submitted for a corporation organized under the laws of the State of Delswate<br>der to change its registered office or registered agent, or both, in the State of Florida.   |  |       |  |  |  |
|---|--|--|-------|--|--|--|
|   | of the corporation: Belfab, Inc.   |  |       |  |  |  |
| 2. The princip  | pal office address: 305 Featress Blvd., Daytons Beach, PL 32114  |  |       |  |  |  |
| 3. The mailing  | g address (if different): 5605 Caraegie Blvd., Suite 500, Charlotte, NC 28209  |  |       |  |  |  |
| 4, Date of inco   | orporation/qualification: 01/19/2006 Document number: F06000001151   |  |       |  |  |  |
|   | and street address of the current registered agent and registered office on file with the cartment of State: (If resigned, enter resigned)   |  |       |  |  |  |
|   | Corporation Service Company  |  |       |  |  |  |
|   | 1201 Hays Street   | ************************************** | 12    |  |  |  |
|   | Tallahassee, FL 32301  | 2.P                                    | 2 AUG |  |  |  |
| 6. The name a<br>(if changed)   | nd street address of the new registered agent (if changed) and /or registered office<br>):   | PS SA                                  | 23    |  |  |  |
|   | C T Corporation System   | en in                                  | .e    |  |  |  |
|   | c/o C T Corporation System, 1200 South Pine Island Road Mantation.   |  |       |  |  |  |
| •   | P.O. Box NOT acceptable  | ************************************** | 00    |  |  |  |
|   | Florida 33324  | tue-                                   |       |  |  |  |
| The street address changed will   | iress of its registered office and the street address of the business office of its register<br>ill be identical.  | ed agent,                              | ı     |  |  |  |
| Such change wanthorized by  | was authorized by resolution duly adopted by its board of directors or by an officer so<br>the board, or the corporation has been notified in writing of the change.   |  |       |  |  |  |
|   | Julie K. Lentz, Ausistant Secretary  |  |       |  |  |  |
| _   | Printed or typed varies and title  |  |       |  |  |  |
| l hereb) accep<br>I further agree<br>perfurmance o<br>agent. Or, if il<br>hereby confirm<br>C T | of the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and complete  If my duttes, and I am familiar with and accept the obligation of my position as regist  his document is being filed merely to reflect a change in the registered office address  that the corporation has been notified in writing of this change.  Corporation System | ered<br>, I                            |       |  |  |  |
| B9  | f-ll   |  |       |  |  |  |
|   | chair Thirdley Asst. Secretary   |  |       |  |  |  |
|   |  |  |       |  |  |  |
|   | Ce Hardley Typed or Printed Name   |  |       |  |  |  |
|   | * * * FILING FEE: \$35.00 * * *  |  |       |  |  |  |
| M   | Make checks payable to Florida Department of State<br>Aul to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314   |  |       |  |  |  |

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