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T. CARTER

SECONDARY OF STATE ORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/25/14

NAME:

HUSQVARNA CONSTRUCTION PRODUCTS NORTH AMERICA,

INC

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE (

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

		ite of Florida. S NORTH AN	MERICA INC
1. The name of the corporation: HUSQVARNA CONSTR	OCTION PRODUCT		
2. The principal office address:	Charlotte	NC	28269
3. The mailing address (if different):			
9335 Harris Corners Parkway, Suite 500	Charlotte	NC	28269
4. Date of incorporation/qualification: April 10, 2009	_ Document number:	F090000	001480
The name and street address of the current registered agent Florida Department of State: (If resigned, enter resigned)	and registered office on	file with the	
CT Corporation	System		
1200 South Pine Isl	and Road		
Plantation, FL	33324		→ ₩
6. The name and street address of the new registered agent (if (if changed): National Corporate Resear		red office	11 A MAR 25 P
155 Office Plaza Drive			PH 12: 4
Tallahassee, FL 32301	uble		
The street address of its registered office and the street address changed will be identical.	ess of the business offic	e of its register	red agent.
Such change was authorized by resolution duly adopted by in authorized by the board, or the corporation has been notified suthorized by the board, or the corporation has been notified authorized by the board, or the corporation has been notified thereby accept the appointment as registered agent and age to further agree to comply with the provisions of all statutes werformance of my duties, and I am familiar with and accept agent. Or, if this document is being filed merely to reflect a hereby confirm that the corporation has been notified in writing the signing on hehalf of an entity:	rinica of typed name ree to act in this capacity relative to the proper and the obligation of my po- change in the registers.	nio C sund title v d complete sition as regis i office addres	Secretary

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