## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H170001889563)))



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To:	Division of Co	noonations	
		: (850)617-6380	% <b>T</b>
From:		C. T. CODOCATTON CVCTTV	in
		: C T CORPORATION SYSTEM : FCA000000023	1.0 1.0 1.0 1.0
		: (512)418-6949	
	Fax Number	: (954)208-0845	8. €
anı		s for this business entity to be used f ngs. Enter only one email address pleas	

## NIDEC MOTOR CORPORATION

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

C. GOLDEN

JUL 2 0 2017

## **COVER LETTER**

dment Section ion of Corporations						
Name of Corp	poration					
r Numrer:						
all correspondence concerning this matter to						
Name of Contact	ct Person					
Firm/Company						
Address	s					
City/State and 2	Zip Code					
E-mail address; (to be used for futi	ure annual report notification)					
formation concerning this matter, please call	l:					
Name of Contact Person	at () Area Code & Daytime Telephone Number					
\$35.00 check made payable to the Departme	ent of State.					
Mailing Address:	Street Address:					
	Street Address: Amendment Section					
	Division of Corporations					
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle					
1	Name of Corp  I NUMBER:  Statement of Change of Registered Office/A all correspondence concerning this matter to  Name of Contact  Firm/Comp  Address:  City/State and A  E-mail address: (to be used for future formation concerning this matter, please call  Name of Contact Person  S35.00 check made payable to the Department of Mailing Address:  Amendment Section  Division of Corporations  P.O. Box 6327					

Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	provisions of sections 607, inge is submitted for a corp ir to change its registered o	poration organ	nized under the la	vs of the State o	of DE	
1. The name of	the corporation: NIDEC MC	OTOR CORPO	RATION			
	office address:FLORISSANT AVE ST. LC					
3. The mailing a	iddress (if different):	· · · · · · · · · · · · · · · · · · ·				
4. Date of incorp	poration/qualification: 09/1	10/2010	Document	number: F1000	(1004087	
	d street address of the curre			ed office on file	with the	
	CORPORATION SERVIC	E COMPANY			V. ≥ ~ ~	
	1201 HAYS STREET TAI	LLAHASSEE,	FL 32301		FIL 101 19	
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office Street address of the new registered agent (if changed) and /or registered office Street address of the new registered agent (if changed) and /or registered office Street address of the new registered agent (if changed) and /or registered office Street address of the new registered agent (if changed) and /or registered office Street address of the new registered agent (if changed) and /or registered office Street address of the new registered agent (if changed) and /or registered office Street address of the new registered agent (if changed) and /or registered office Street address of the new registered agent (if changed) and /or registered office Street address of the new registered agent (if changed) and /or registered office Street address of the new registered agent (if changed) and /or registered office Street address of the new registered agent (if changed) and /or registered office Street address of the new registered agent (if changed) and /or registered agent (if changed)					
	Plantation, Florida 33324	P O Box NOT	acceptable	•	_	
The street address changed will	ess of its registered office a be identical.	and the street	address of the bu	siness office of	sits registered agent,	
Such change we authorized by the	is authorized by resolution ne board, or the corporation	n duly adopted on has been no	by its board of d tified in writing o	irectors or by a f the change.	in officer so	
Shor	lin Aldas C.		Shartin Aldao-Ca	arrillo, Vice Pres	sident	
I hereby accept I further agree performance of agent. Or, if th	the appointment as regist the appointment as regist to comply with the provisi my duties, and I am famili is document is heing filed that the corporation has b	ered agent an ons of all stati iar with and a merely to refl	rnne d agree to act in l utes relative to th ccept the obligati ect a change in th	d or typed name and this capacity, e proper and co ion of my positi ne registered of	omplete ion as revistered	
Ву:			7/18/2017			
If signing on bo		Ifred Yostant S	ounan ecretary	Date		
	yped or Printed Name					
	***	FILING FE	E+\$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)