## F9300002262

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<del></del>
PICK-UP WAIT N	/AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscqlobal.com

Date: August 13, 2018

Order#: 334304-025

Re: TENCON, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 6 ration organized under the la Jice or registered agent, or bot	ws of the State of _	Tennessee
1. The name of t	he corporation: TENCON, II	NC.		
2. The principal	office address: 530 Jones 9	Street, Verona, PA 15147		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: May	3, 1993 Document	number: F930000	02262
	I street address of the curren tment of State: (If resigned,	t registered agent and registere enter resigned)	ed office on file wi	th the
	CT Corporation System			
	1200 South Pine Island Ro	pad		2011
	Plantation	FL	33324	2018 AUG 15
6. The name and (if changed):	street address of the new re	egistered agent (if changed) and	d /or registered off	P
	Corporation Service Comp	pany		2: 81
	1201 Hays Street			<b>∞</b>
	Tallahassee	P.O. Box NOT acceptable  FL	32301	
as changed will	be identical.	nd the street address of the bu		
authorized by th	e board, or the corporation	has been notified in writing o	of the change.	inteer so
X	per E. Cienie	Jill Cilmi		Vice President
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provision my duties, and I am familia	red agent and agree to act in t os of all statutes relative to th or with and accept the obligati nerely to reflect a change in th en notified in writing of this c	e proper and com ion of my position	plete as registered
. 0	M. Baronce State of Registered Agent	8/10/2018	D.	
			Date	
	half of an entity:	ant.		
	onie, Assistant Vice Preside			

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