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0 -	To:					
ä	Division of Corporations					
	• •	Fax Number : (850)617-6380				
<b>*</b>	`From:		2971			
$\sim$	į.	Account Name : C T CORPORATION SYSTEM				
2		Account Number : FCA000000023				
$\simeq$	٠,	Phone : (614)280-3338	7.0			
4		Fax Number : (954)208-0845	. 3			
2021 APR	급절	Sign of the second seco	P <u>H</u>			
	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**					
	Ema	ail Address:	δ			

## REGISTERED AGENT CHANGE OUTOTEC (USA) INC.

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By:

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

statement of cha	nge is submitted for a	i corporation organi	2, 607.1508, or 617.1508, F zed under the laws of the S red agent, or both, in the St	tate of DE		
	the corporation: OUT		rea agent, or toom, in the Si	ане ој 1 погнас	•	
	office address: 8280 5		jessup, MD 20794			
	ddress (if different): _					
4. Date of incorp	ooration/qualification	02/05/1999	Document number: F	99000000709		
	l street address of the tment of State: (If res		gent and registered office or d)	n file with the		
	SWETA, RANDIIAV	WA				
	9310 OLD KINGS R	OAD S				
	JACKSONVILLE, F	L 32257				
6. The name and (if changed):	I street address of the	new registered agen	t (if changed) and /or regist	ered office	.;	
	C T Corporation Sys	stem				
	1200 South Pine Islan	nd Road			,	
			NOT acceptable	- (	13	
	Plantation, Florida 33	3324			P	<b>∦ ↓</b>
• .	//		address of the business off	_	$\sim$	agent,
Such changery authorized by	s authorized by reso te board, or the corpo	dution duly adopted oration has been not	by its board of directors of the character in writing of the character.	r by an office age.	r so	
1/2	<u> </u>		Jennifer Kurz- Secretary			
I hardov accept I further agree of thy duties, an document is hel corporation has	to comply with the pr id I am familiar with ing filed merely to re s been notified in wri	rovisions of all stati and accept the obli flect a change in the	Pooled or typed in lagree to act in this capac ites relative to the proper i gation of my position as re registered office address,	ritu	perfoi u. Or firm th	rmance if this hat the
C T Corporation	nature of Hegistered Agent	)	04/19/2021			
Sig	nature of Registered Agent	<del>/</del>	Date			
If signing on be	half of an entity:					
James Halpin; A	ssistant Secretary					
1	yped 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 (04/13)