pg 1 of 2

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:		2025 SEC
	Division of Corporations	C /
	Fax Number : (850)617-6380	SAR JAN
From:		
. , 0	Account Name : COMPUTERSHARE	
	Account Number : 110432003053	
	Phone : (561)694-8107	
	Fax Number : (561)214-8442	

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

Email	Address:		 	-

REGISTERED AGENT CHANGE C&D TECHNOLOGIES, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corporation	organized under the laws of the State of Dela	ware
		registered agent, or both, in the State of Flori	iaa.
1. The name of t	he corporation: C&D TECHNOLO	GIES, INC.	
2. The principal	office address: 200 Precision Road,	Horsham, PA 19044	
3. The mailing a	ddress (if different):		
4. Date of incorp		Document number: F9900000541	6
	street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)	he
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROA	D	202
	PLANTATION, FL 33324		S JAN
6. The name and (if changed):	ARY OF		
	United Agent Group Inc.	19.494	41 ST / ST
	801 US Highway 1		
		P.O. Box NOT acceptable	
	North Palm Beach, FL 33408		
The street address changed will	ss of its registered office and the be identical.	street address of the business office of its re	gistered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an offi een notified in writing of the change.	cer so
Adia My	les	Adia Myles, Attorney-in-Fact	
Signalii	les e of an officer or director	Printed or typed name and title	
Lhereby accent	the appointment as registered no	ent and agree to act in this capacity. Il statutes relative to the proper and comple he obligation of my position as registered as e in the registered office address, I hereby co hange.	te performance yent. Or, if this onfirm that the
Adia My	les	1/14/2025	
8 E	Les nature of Registered Agent	Date	
If signing on be	half of an entity:		
Adia Myles, Spec	cial Secretary		
T	rped or Printed Name		

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