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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

LLC REGISTERED AGENT CHANGE WEG TRANSFORMERS USA LLC

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TO:	Registration Section Division of Corporations		
SUBJE	WEG Transformers USA LLC		
	N	lame of Limited I	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered (Office Change and	I fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	following:
Vaness	a Castillo		
	Name of Person		<u> </u>
Registe	ered Agent Solutions, Inc.		
	Firm/Company		_
Corpor	ate Center One, 5301 Southwest Pkwy, S	te 400	
	Address		
Austin,	TX 78735		
	City/State and Zip Code		
Е	-mail address: (to be used for future a	nnual report notif	īcation)
For fur	ther information concerning this matte	er, please call:	
Vaness	a Castillo	888 at (705-7274
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following	ng amount:	
	□ \$25 Filing Fee	o s	55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company: WEG Transform	ers USA LLC	
2. (a)	ONE PAUWELS DRIVE	AUWELS DRIVE	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(p) (vivi)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WASHINGTON, MO 63090	WASH	INGTON, MO 63090
	8/28/2019	M190000	008377
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATE CREATIONS NETWORK INC		
(,	Registered Agent and Registered Office shown on the records of 801 US HIGHWAY 1 Registered Office Address (MUST BE FLORIDA STREET)		itale:
_	NORTH PALM BEACH FL	33408	
(b)	Registered Agent Solutions, Inc.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	155 Office Plaza Dr.		2029 Har
	NEW Registered Office Address:		— - ジ
	Suite A		. ώ ;
	Tallahassee FL	32301	— — — — — — — — — — — — — — — — — — —
hange gent w vas/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office a ability company, i of the limited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
ls!	Jeffrey Jones	Jeffrey Jones	Authorized Signer
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
vovisi	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide	performance of m	v duties, and I am Jamiliar with and accep

to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hibler, Asst, Secretary Signature of Registered Agent