Division of Corporations



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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 HASKEL INTERNATIONAL, LLC

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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.

1. Na	une of the limited liability company: HASKEL INTER	RNATION	IAL, LLC	
2. (a)		(t	o)	
_, (-, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	800-E BEATY STREET DAVIDSON, NC 28036		800-E BEA	EATY STREET DAVIDSON, NC 28036
	01/09/2020		M20000000	0385
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
(b)	Registered Agent and Registered Office shown on the records of	f the Florida	1 Dept. of State	te:
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	ADDRESS	<u>त्र</u>	_
	TALLAHASSEE,FI	32301		2020 M
	C T Corporation System			2020 MAR 13
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:	$-\frac{1}{\omega}$
				PH 12: 3:
	NEW Registered Office Address:			
	1200 South Pine Island Road			7
	Plantation, FI	L_33324		_
the cha agent was/was/wathe art	imited liability company is not organized under the la imge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regi iability co of the lin e limited	stered offic- ompany, it i nited liabilit	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
I here provis the ob- to mer	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	e perjorn led for in hereby c	iance of my Chapter 60, onfirm that	y duties, and I am familiar with and acce 95, F.S. Or, if this document is being file 1 the limited liability company has been
By:	C. I Corporation System の存状の指導へ Michele Ho tre of Registered Agent	olden; As	sistant Secr	retary