

FO4000007002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

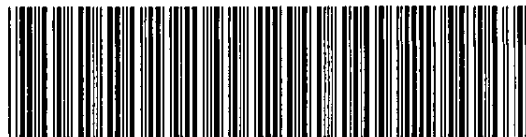
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TALLAHASSEE FLORIDA

16 MAR 29 AM 9:37

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R/Chg

MAR 30 2016

R. WHITE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 080040 4308508

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : March 28, 2016

ORDER TIME : 4:37 PM

ORDER NO. : 080040-045

CUSTOMER NO: 4308508

CHANGE OF AGENT

NAME: TRIALON CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Trialon Corporation
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Clair

Name of Contact Person

Resilience Capital Partners

Firm/Company

25101 Chagrin Blvd, Suite 350

Address

Cleveland, OH 44122

City/State and Zip Code

cclair@resiliencecapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Pogany

Name of Contact Person

216 586-7657

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Michigan in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Trialon Corporation
2. The principal office address: 1477 Walli Strasse Dr.
Burton, MI 48509
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/13/2004 Document number: F04000007002
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)


C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

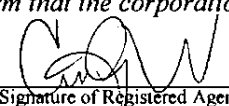
Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 _____ Signature of an officer or director	<u>Bassem A. Mansour, Chairman</u> _____ Printed or typed name and title
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 _____ Signature of Registered Agent	<u>03-28-2016</u> _____ Date
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If signing on behalf of an entity:

Courtney Williams, Asst. V.P.

Typed or Printed Name

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

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16 MAR 29 AM 9:36
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TALLAHASSEE, FLORIDA