

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400306898514

12/22/17--01018--028 **35.00

2017 P.T.C. 2.2 P.H. 4: 5.0

C. GOLDEN DEC 2 6 GM



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: December 20, 2017

Order#: 951608-005

Re: R. T. MILORD CO.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Marissa Rather-lopez c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	ange is submitted for a corporation	17,0502, 607,1508, or 617,1508. Flo organized under the laws of the Sta registered agent, or both, in the Stat	re of Delaware		
1. The name of	the corporation: R.T. MILORD CO.				
	office address: 9801 Industrial Driv				
3. The mailing	address (if different):				
4. Date of incom	rporation/qualification: 04/03/1974	Document number: 832	2102		
	nd street address of the current regist artment of State: (If resigned, enter r	tered agent and registered office on fresigned)	ile with the		
	CT Corporation System		4		
	1200 South Pine Island Road	200 South Pine Island Road			
	Plantation	FL 33324	FIL PEC 22		
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 addr as changed wil	ress of its registered office and the s	street address of the business office	of its registered agent,		
Such change wauthorized by t	as authorized by resolution duly ad he board, or the corporation has be-	lopted by its board of directors or b en notified in writing of the change	y an officer so		
X	e e agnie	Jill Cilmi	Vice President		
· · · (*)	ure of an officer or director	Printed or typed name			
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of all f my duties, and I am familiar with i		l complete sition as registered		
By: Y	enature of Registered Agent	12/20/2017 Date			
If signing on be	chalf of an entity:				
Grace E. Kirby	, Asst. Vice President				
-1	Turned or Drintart Name				

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