P28566

(Re	questor's Name)	
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RA & RO Change





CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195				
REFERENCE					
AUTHORIZATION	: Expense na				
COST LIMIT	: \$ 35.00				
ORDER DATE : February 8, 2023					
-					
ORDER TIME : 5:08 PM					
ORDER NO. : 443315-003					
CUSTOMER NO: 8282428					
CHANGE OF AGENT					
NAME: LECTRA USA INC					
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					

EXAMINER'S INITIALS:

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

statement of chai	provisions of sections 607.0502, 617.050 age is submitted for a corporation organ to change its registered office or regist	nized under the lav	rs of the State of <u>NEW</u>	YORK
1. The name of the	he corporation: LECTRA USA INC.			
2. The principal SMYRNA, GA 3	office address: 5000 HIGHLANDS PAR	RKWAY SE, SUITI	E 250	
3. The mailing ac	ddress (if different):			
4. Date of incorp	oration/qualification: 03/16/1990	Document i	number: P28566	
	street address of the current registered a ment of State: (If resigned, enter resigned		d office on file with the	:
	UNITED CORPORATE SERVICES, I	NC.		
	3458 LAKESHORE DRIVE			13 F C B
	TALLAHASSEE	FL	32312	خ :۰٫۰
6. The name and (if changed):	street address of the new registered age	nt (if changed) and	l/or registered office	至
	Corporation Service Company			
	1201 Hays Street			
		NOT acceptable		
	Tallahassee	FL	32301	
	ss of its registered office and the street be identical.			
Such change wa authorized by th	s authorized by resolution duly adopted board, or the corporation has been no	d by its board of dotified in writing o	lirectors or by an office of the change.	er so
Gian	luca Falsitta		a, Vice President	
Signature	of an officer of director	Printe	ed or typed name and title	
l furthér agrée to of my duties, and document is beir corporation has	the appointment as registered agent and comply with the provisions of all state I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company	utes relative to the igation of my possi we registered office	this capacity. e proper and complete ition as registered ager e address, I hereby com	performance nt. Or, if this nfirm that the
By: Lirac	a Cokubly	02/08/2023		
Sign If signing on bel	ature of Registered Agent \(\sigma\) half of an entity:		Date	
	•			
	Asst Vice President ped or Printed Name			

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