427984

| (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: | | | | | |
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Office Use Only



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17 AUG 17 /** 9:07

AUG 2 1 2017 S. YOUNG

2017 AUG 1 7 //H 1: 54

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

| ACCOUNT NO. : 12000000195 | | | | | | | |
|---|--|--|--|--|--|--|--|
| REFERENCE : 7735.69 4371937 | | | | | | | |
| AUTHORIZATION : CAR A SERVE | | | | | | | |
| COST LIMIT : \$ 35.00 | | | | | | | |
| ORDER DATE : August 16, 2017 | | | | | | | |
| ORDER TIME : 1:10 PM | | | | | | | |
| ORDER NO. : 773569-015 | | | | | | | |
| CUSTOMER NO: 4371937 | | | | | | | |
| | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| | | | | | | | |
| NAME. DELEDAM EDGE MOOL CUDDLY THE | | | | | | | |
| NAME: BELTRAM EDGE TOOL SUPPLY, INC. | | | | | | | |
| | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
| CERTIFIED COPY | | | | | | | |
| XX PLAIN STAMPED COPY | | | | | | | |
| | | | | | | | |
| CONTACT PERSON: Melissa Zender EXT# | | | | | | | |
| EXAMINER: | | | | | | | |

COVER LETTER

| Beltr SUBJECT: | ram Edge Tool Supply, Inc. | |
|--------------------|--|--|
| SUBJECT | Name of Corp | poration |
| DOCUMENT N | 427984 UMBER: | |
| The enclosed Sta | tement of Change of Registered Office/A | Agent and fee are submitted for filing. |
| Please return all | correspondence concerning this matter to | the following: |
| | | |
| | | |
| | Name of Contact | ct Person |
| | | |
| | Firm/Comp | oany |
| | | |
| | Addres | × |
| | , indica, | • |
| | | 77-7-1 |
| | City/State and 7 | Zip Code |
| | compliancemail@cscglobal.com | |
| | E-mail address: (to be used for futu | re annual report notification) |
| | | |
| For further inform | nation concerning this matter, please call | l: |
| | | |
| | ame of Contact Person | at () Area Code & Daytime Telephone Number |
| 1 | ane or Conact (Cison | Area Code & Daytine Telephone (vimber |
| Enclosed is a \$35 | 5.00 check made payable to the Departme | ent of State. |
| | | |
| | Mailing Address: Amendment Section | Street Address: Amendment Section |
| | | |
| | Division of Corporations | Division of Corporations |
| | P.O. Box 6327 | Clifton Building |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

| statement of cha | provisions of sections 60 nge is submitted for a co r to change its registerea | rporation organi | ized under the laws of th | e State of Flo | orida | <i>S</i> | |
|---|--|--|---|--------------------------------|-------------------|---------------|--------|
| 1. The name of t | he corporation: BELTRA | M EDGE TOOL | SUPPLY, INC. | | | | · |
| 2. The principal | office address: 6800 N. I | FLORIDA AVE | ГАМРА, FL 33604 | | | _ | |
| 3. The mailing a | ddress (if different): | | | | | | |
| 4. Date of incorp | noration/qualification: 12 | 2/28/2001 | Document number | .: 427984 | - | | |
| | I street address of the cur tment of State: (If resign | | | e on file with | the | | |
| | Daniel G. Beltram | | | | | | |
| | 6800 N Florida Avenue | | | | | | |
| | Tampa, FL 33604 | | | | | | |
| 6. The name and (if changed): | street address of the nev | | | | | 7 200 1 | ;; |
| | Corporation Service Co | mpany | | | | : | 1 |
| | 1201 Hays Street | | | | · |).÷ | |
| | Tr. Mala | PO Box NOT: | • | | | 9: 07 | |
| | Tallahassee | | FL 32301 | | '2'. - | • | |
| The street address changed will | ss of its registered office be identical. | e and the street a | ddress of the business of | office of its re | egistered | agent. | |
| Such change wa | s authorized by resolution board, or the corporation | on duly adopted ion has been not | by its board of directors itied in writing of the cl | s or by an off hange. | icer so | | |
| Vasid ! | Tahnon | | David Gershman, Seci | retary | | | |
| I hereby accept I further agree t performance of agent. Or, if the hereby confirm | the appointment as region comply with the provious of comply with the provious duties, and I am fam is document is being filled that the corporation has nervice Company | sions of all statu iliar with and ac d merely to refle | agree to act in this cap tes relative to the prope cept the obligation of n ct a change in the regis | r and comple nv position as | s register | red I | |
| By: | Mature of Pegistered Agent | > | - 2/n | 7/17 | | | |
| If signing on be | half of an entity: Melissa Zender | | | | | | |
| A | SSt. Vice President | | | | | | |

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