(1	Requestor's Name)	
	Address)	
V		
(/	Address)	· · ·
((City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(8	Business Entity Name)	
	Document Number)	
(1	Socument Number)	
Certified Copies	Certificates of S	tatus
		-
Special Instructions to F	iling Officer:	
	J DENNIG	
	GCT S () 2023	
	oct 20 7073	

Office Use Only



000418013900

2023 OCT 27 AH 8: 56 SECRETARY OF STATE

E II E D



RECEIVED

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ ir to change its registered office or registe	ized under the law:	s of the State of D	elaware	
	the corporation: CHROMALLOY CORPO	~	, in the Male of Fic	rida.	
	office address; 4100 RCA Blvd., SUITE		Gardens, FL 3341	0	
	ddress (if different):				_
4. Date of incorp	poration/qualification: 10/21/1944	Document nu	ımber: <u>805833</u>		_
5. The name and	I street address of the current registered attement of State: (If resigned, enter resigne	gent and registered		' :쮸 응	
	CT CORPORATION SYSTEM			- [] [7] [2]	77
	1200 S. PINE ISLAND ROAD				m
	PLANTATION	FL	33324	8: 56	
6. The name and (if changed):	Corporation Service Company 1201 Hays Street	it (if changed) and	or registered offic	ų	
	P.O. Box	NO l'acceptable			
	Tallahassee	FL	32301		
The street addre	ess of its registered office and the street a be identical.	address of the busi	ness office of its r	registered agent.	
Such change was authorized by th	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of digified in writing of	rectors or by an of the change.	ficer so	
Xie.	8. almi	Jill Cilmi		Vice President	
I hereby accept I further agree to of my duties, and document is bein corporation has	e of an officer or director the appointment as registered agent and o comply with the provisions of all statu d I am familiar with and accept the obli- ng filed merely to reflect a change in the been notified in writing of this change. n Service Company	Lagree to act in th	or typed name and title his capacity, proper and compl ion as registered of address, I hereby		,
By: Drain	t-Kuby	10/26/2023			
·	nature of Registered Agent half of an entity:		Date		
	Asst. Vice President ped or Printed Name				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327. TALLAHASSEE, FL 32314 CR2E045 (04/13)