6'16'2017



19542080845 From Ranae McGraw

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001617213)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

Phone

: (512)418-6949

Fax Number

: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		
CHIGIT	AUDITESS:		

# REGISTERED AGENT CHANGE LIQUID AIR CORPORATION

Certificate of Status	0
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S. YOUNG

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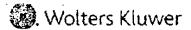
### **FAX COVER SHEET**

TO		
COMPANY		
FAXNUMBER	18506176380	
FROM	Ranae McGraw	
DATE	2017-06-16 13:43:08 CST	
RE	FW: LIQUID AIR CORPORATION	

#### COVER MESSAGE

Kaity Toon **Fulfillment Specialist Fulfillment Operations** CT Corporation

Team (614) 280-3338 GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
CUD	LIQUID AIR CORPORATION	
SOB	Name of Corporat	ion
DOC	847973 CUMENT NUMBER:	
	enclosed Statement of Change of Registered Office/Agen	t and fee are submitted for filing.
	se return all correspondence concerning this matter to the	
	, -	·
	Name of Contact Po	erson
	Firm/Company	<del></del>
	Time Company	
	Address	<del></del>
	City/State and Zip C	Todo
	E-mail address: (to be used for future a	annual report notification)
	,	·
For fi	further information concerning this matter, please call:	
	Name of Contact Person at (	Area Code & Daytime Telephone Number
Enclo	losed is a \$35,00 check made payable to the Department o	of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617 statement of change is submitted for a corporation of in order to change its registered office or re-		маге
1. The name of the corporation: LiQUID AIR CORPO		
2. The principal office address: no change		
3. The mailing address (if different): no change		
4. Date of incorporation/qualification: 1/16/1981	Document number: 847973	
5. The name and street address of the current register Florida Department of State: (If resigned, enter res		e
CAPITOL CORPORATE SERVICES	S, INC.	
155 OFFICE PLAZA DR. SUITE A T	FALLAHASSEE, FL 32301	17
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office	
C T Corporation System		73
c/o C T Corporation System, 1200 Sou		
Plantation, Florida 33324	NOT acceptable	
The street address of its registered office and the stras changed will be identical.	rect address of the business office of its reg	istered agent,
Such change was authorized by resolution duly ado authorized by the yourd, or the corporation has bee.	pted by its board of directors or by an offic n notified in writing of the change.	er so
	Jennifer Kurz, Vice President	
I hereby accept the appointment as registered agen I hereby agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi	nd accept the obligation of my position as r reflect a change in the registered office add	egistered
By: C. V organism System	6/16/2017	
Anature of Registered Agent	! Aute	
If signing on behalf of an entity:		
Alfred You  Typed or Printed Assistant Sec		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALI AHASSEE, FL 32314 CR2E045 03/12)