## F0200000 S100

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

|                 | ACCOUNT NO.               | :   | 120000       | 0000195 |       |   |  |  |  |
|-----------------|---------------------------|-----|--------------|---------|-------|---|--|--|--|
|                 | REFERENCE                 | :   | 86642        |         | 8530A |   |  |  |  |
|                 | AUTHORIZATION             | :   | Sept         | usike   | Man   | ノ |  |  |  |
|                 | COST LIMIT                | :   |              |         |       |   |  |  |  |
| ORDER DATE :    | July 31, 2019             |     |              |         |       |   |  |  |  |
| ORDER TIME :    | 1:05 PM                   |     |              |         |       |   |  |  |  |
| ORDER NO. :     | 866430-015                |     |              |         |       |   |  |  |  |
| CUSTOMER NO:    | 8530A                     |     |              |         |       |   |  |  |  |
|                 | <del></del>               |     | <del>-</del> | · ·     |       |   |  |  |  |
| CHANGE OF AGENT |                           |     |              |         |       |   |  |  |  |
|                 |                           |     |              |         |       |   |  |  |  |
| NAME:           | CATTRON NORTH             | AM: | ERICA,       | INC.    |       |   |  |  |  |
|                 |                           |     |              |         |       |   |  |  |  |
| PLEASE RETURN   | THE FOLLOWING AS          | PR  | OOF OF       | FILING: | :     |   |  |  |  |
| CERTII PLAIN    | FIED COPY<br>STAMPED COPY |     |              |         |       |   |  |  |  |
| CONTACT PERSON  | N: Amanda Robinso         | on  |              |         |       |   |  |  |  |

EXAMINER'S INITIALS:

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

| statement of cha   | nge is submitted  | tions 607.0502, 617.050<br>for a corporation organ<br>egistered office or regist   | nized under the l  | aws of the State of  | · · · · · · · · · · · · · · · · · · ·   |          |  |  |  |
|--|---|--|--|--|---|----------|--|--|--|
| 1. The name of   | the corporation; C  | Cattron North America, I   | Inc.   |  |   |          |  |  |  |
|  | The principal office address: 655 N River Rd NW, Suite A, Warren, OH 44483  |  |  |  |   |          |  |  |  |
| 3. The mailing a   | address (if differe   | nt):   |  |  |   |          |  |  |  |
| 4. Date of incorp  | poration/qualifica  | ation: 10/08/2002  | Documen  | t number: F02000   | 005100                                  |          |  |  |  |
|  |   | f the current registered a<br>If resigned, enter resigne   |  | red office on file w   | ith the                                 |          |  |  |  |
|  | C T CORPORA   | TION SYSTEM  |  |  |   |          |  |  |  |
|  | 1200 SOUTH P  | INE ISLAND ROAD  |  | <u> </u>   | •                                       |          |  |  |  |
|  | PLANTATION,   | FL 33324   |  |  | SEC<br>TA                               | <b>,</b> |  |  |  |
| 6. The name and (if changed):  | l street address of   | f the new registered ager  |  |  | ± 3 − 3 − 3 − 3 − 3 − 3 − 3 − 3 − 3 − 3 | ;<br>:   |  |  |  |
|  | Corporation Ser   | vice Company   |  |  | AH<br>Ssee                              |          |  |  |  |
|  | 1201 Hays Stre  |  |  |  | ): (                                    |          |  |  |  |
|  | Tallahassee   | P.O. Box NOT   | acceptable<br>FL   | 32301  |   |          |  |  |  |
|  | ess of its registere<br>be identical.   | ed office and the street   | address of the b   | usiness office of it   |   | ıt,      |  |  |  |
| Such change wa<br>authorized by th   | is authorized by i<br>se board, or the c  | resolution duly adopted<br>orporation has been not   | by its board of tified in writing  | directors or by an of the change.  | officer so                              |          |  |  |  |
|  | D'Angelo  |  |  | Angelo, VP and S   |   |          |  |  |  |
| I hereby accept I further agree t performance of agent. Or, if hereby confirm Corporatio By: | the appointment o comply with the my duties, and I is document is be that the corporate Service Contactive of Registered Agrication | as registered agent and e provisions of all state am familiar with and a cing filed merely to reflection has been notified in pary | d agree to act in<br>ites relative to to<br>ccept the obliga<br>ect a change in i<br>n writing of this | this capacity, this capacity, he proper and comtion of my position the registered office change. |   |          |  |  |  |
| If signing on bel  |   | Roxanne Turner<br>st. Vice President   |  |  |   |          |  |  |  |
| Ty   | ped or Printed Name   |  |  |  |   |          |  |  |  |

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

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