## F02000005539

| (Re                                     | questor's Name)   |             |  |
|---|-------------------|-------------|--|
| (Ad                                     | dress)            |             |  |
| (Ad                                     | dress)            |             |  |
| (Cit                                    | y/State/Zip/Phone | - #n        |  |
|   |                   |             |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |
| (Business Entity Name)                  |                   |             |  |
| (Document Number)                       |                   |             |  |
| Certified Copies                        | _ Certificates    | s of Status |  |
| Special Instructions to Filing Officer: |                   |             |  |
|   |                   |             |  |
|   |                   |             |  |
|   |                   |             |  |
|   |                   |             |  |





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11/06/18--01021--012 ••35.00 £

TIME OF THE PARTY

HOV 13 2018 T. LEMIEUX MO



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

| statement of cha  | inge is submitted for a corporation org   | 0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of KY gistered agent, or both, in the State of Florida.  |
|---|---|--|
| 1. The name of t  | he corporation: MHS COMPANY, INC  | C. OF KENTUCKY   |
|   | office address: 3955 E. Blue Lick Roa   |  |
| 3. The mailing a  | ddress (if different):  |  |
| 4. Date of incorp   | poration/qualification: 11/04/2002  | Document number: F02000005529  |
|   | I street address of the current registere tment of State: (If resigned, enter resigned)                                 | ed agent and registered office on file with the gned)  |
|   | BUSINESS FILINGS INCORPORAT   | ΓΕD  |
|   | 1200 South Pine Island Road   |  |
|   | Plantation  | FL 33324   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |   |  |
|   | Corporation Service Company   |  |
|   | 1201 Hays Street  |  |
|   | Tallahassee   | FL 32301   |
| The street addre  | ss of its registered office and the stre<br>be identical.   | pet address of the business office of its registered agent,  |
| Such change wa  | is authorized by resolution duly adop<br>be board, or the corporation has been  | ted by its board of directors or by an officer so notified in writing of the change.   |
| Signapa   | te of an officer or director  | Jill Cilmi, Vice President  Printed or typed name and title  |
| I hereby accept<br>I further agree to<br>performance of<br>agent. Or, if thi<br>hereby confirm                  | the appointment as registered agent<br>to comply with the provisions of all st<br>my duties, and I am familiar with and | and agree to act in this capacity. tatutes relative to the proper and complete d accept the obligation of my position as registered reflect a change in the registered office address, I |
|   | nature of Registered Agent  | Date   |
| If signing on bel   | half of an entity:  |  |
|   | Assistant Vice President  |  |
| Ty  | ped or Printed Name   |  |

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



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscqlobal.com

Date: November 2, 2018

Order#: 458933-022

Re: MATERIAL HANDLING SYSTEMS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX \_\_ Please return evidence to the following:

Attn: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA . XCOA