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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE: 182137 7880137

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: April 25, 2012

ORDER TIME : 9:33 AM

ORDER NO. : 182137-011

CUSTOMER NO: 7880137

CHANGE OF AGENT

NAME: CLARCOR AIR FILTRATION

PRODUCTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

	<b>1</b>	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Kentucky
in orde	er to change its registered office or registe	red agent, or both, in the State of Florida.
1. The name of	the corporation: CLARCOR AIR FILT	TRATION PRODUCTS, INC.
2. The principal	office address: 100 River Ridge Circle	e, Jeffersonville, IN 47130
3. The mailing a	address (if different): 840 Crescent Cent	re Drive, Suite 600, Franklin TN 37067
4. Date of incor	poration/qualification: 06/21/2004	Document number: F0400003509
	d street address of the current registered agriment of State:	gent and registered office on file with the
	CT Corporation System	<b>2</b> 5 8
	1200 South Pine Island Road	PR 2
	Platation FL 33324	SET I
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office
	Corporation Service Company	<u> </u>
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	<del></del>
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.
Mai	ure of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bel corporation has	·	d agree to act in this capacity, the state of the proper and complete performance gation of my position as registered agent. Or, if this eregistered office address, I hereby confirm that the
• .	gnature of Registered Agent)	04/26/2012
•	• •	(Date)
	chalf of an entity:	
Sylvia Quepp	Ct, Asst. VP	
· ·	Thee or rimon rimon)	

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