

3/17/2017

Division of Corporations

Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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: _____

REGISTERED AGENT CHANGE
CLARCOR AIR FILTRATION PRODUCTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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3/20/17

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of KY in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CLARCORAirFiltrationProducts,Inc.
2. The principal office address: 100RIVERRIDGECIRCLE
JEFFERSONVILLE,IN47130
3. The mailing address (if different): 840 CRESENT CENTRE DRIVE STE 600
FRANKLIN,TN37067
4. Date of incorporation/qualification: 06/21/2004 Document number: F04000003509
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:(If resigned, enter resigned)
CORPORATIONSERVICECOMPANY
1201HAYSSTREET
TALLAHASSEE,FL32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CTCorporationSystem
1200SouthPineIslandRoad
Plantation,Florida33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Michelle Holden 03/14/2017
Signature of Registered Agent Date

JenniferKurz,Secretary
Printed or typed name and title

If signing on behalf of an entity:

MichelleHolden,AsstSect

Typed 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
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