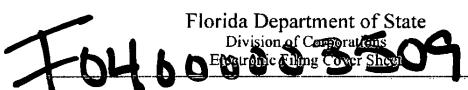
ب

3/17/2017

Division of Corporations



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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 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
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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, is 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.	his	
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	2011	
TALLAHASSEE,FL32301		-11
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		ILED
CTCorporationSystem 23	ျှ 🧓	
1200SouthPineIslandRoad		
P.O. Box NOT acceptable		
Plantation,Florida33324		
The street address of its registered office and the street address of the business office of its register 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.	ŧ	
Signature of an officer or director Printed or typed name and title		
I hereby adopt 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 regist agent. Or, if this document is being filed merely to reflect a change in the registered office address hereby confirm that the corporation has been notified in writing of this change.	tered s, I	
By: ( T Corporation System 03/14/2017		
Signature of Registered Agent Date	<del></del>	
If signing on behalf of an entity:		
MicheleHolden, 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, FL32314 CR2E045 (03/12)