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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 11/10/2017	Account#, 12000000000
Name: Merritt Knickle	
Reference #:	
Entity Name: LOUISVILLE DRYER COMPANY	
Articles of Incorporation/Authorization to Transact Busine	ess
Amendment	
☑ Change of Agent	
Reinstatement	
☐ Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
to the second of	
Authorized Amount: <u>\$35</u> #35 00 Signature: 、ルルナイン	

- CORPORATE HQ COGENCY GLOBALING. 10 E 40 ST, 10 1 FL MY, NY 10016 800.221.0102 -1.212.947.7200

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COGENCY GLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY INFINITUS PLAZA, 12 * FL 199 DES VOEUX RD CENTRAL HONG KONG +852.3975.1803



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

statement of cha	ange is submitted for a co	rporation organized	07.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	e of Kentu		
1. The name of	the corporation:	LOUISV	ILLE DRYER CO	OMPANY	, 	
	office address:ownepark Way,	Ste 100	Louisville	KY	402	43
_	address (if different): Fownepark Way,	Ste 100	Louisville	KY	402	243
4. Date of incorporation/qualification: March 28, 2005 Document number:		F050000	F05000001992			
	rtment of State: (If resigne	ed, enter resigned)	and registered office on f	ile with the		
	12	01 HAYS ST	REET			
	TALLAH	ASSEE, FL	32301-2525		20	
6. The name and (if changed):	d street address of the nev	_	f changed) and /or register	cd office: 1, 8, 8, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	2017 NOV 13	77
	115 North Ca	lhoun S <u>t.;;Ś</u>	uite 4		AH 09:	
	Tallahassee,	P.O. Box NOT acce FL 32301	ptable		90	
The street addreas changed will	ess of its registered office be identical.	e and the street add	ress of the business office	of its register	cd agen	t,
			its board of directors or bed in writing of the change			
	Michael R. Mercer		Michael R. Mercer		ry	
I hereby accept I further agree performance of agent. Or, if th	to comply with the provis	sions of all statutes iliar with and acce d merely to reflect o	ree to act in this capacity relative to the proper and pt the obligation of my po- a change in the registered riting of this change.	i d complete sition as regis	tered s, I	
	Mayville	· ·	November 13, 20	17		
_	chalf of an entity:		Date			

Tim Mayville, Assistant Secretary

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 CR2E045 (03/12)