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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 NTN BEARING CORPORATION OF AMERICA

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COVER LETTER

TO:

Amendment Section Division of Corporations

NTN BEARING CORPORATION OF AMERICA SUBJECT: Name of Corporation

DOCUMENT NUMBER: F05000005709

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo		
Name of Contact Person		
Registered Agent Solutions, Inc.		
Firm/Company		202
Corporate Center One, 5301 Southwest Pkwy, Ste 400	÷ ;	2023 JUN
Address	•	
Austin, Texas 78735		20
City/State and Zip Code	(); ();	
E-mail address: (to be used for future annual report notification)	 	1 9: 25
For further information concerning this matter, please call:		
Mary Castillo		
Name of Contact Person Area Code & Daytime Telep	ohone Numl	

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

	provisions of sections 607.0 inge is submitted for a corpo				_
	r to change its registered of				
	office address: 1600 E.		•		
3. The mailing a	iddress (if different):				
4. Date of incorp	poration/qualification: 10/	/4/2005 _{Do}	cument number:	-05000005	709
	I street address of the curren tment of State: (If resigned,		registered office o	n file with the	
	CORPORATION	ON SERVIC	E COMP	ANY .	20
	1201 HAYS STREET			· '	123 J
	TALLAHASSEE		FL 3230	1 5.	2023 JUN 2Ф
6. The name and (if changed):	d street address of the new re	egistered agent (if char	iged) and /or regis	tered office	AH 9:
	Registered Age	ent Solutions	s, Inc.	<u> </u>	25
	2894 Remington	Green Ln. Ste	e. A		
	Tallahassee	P.O. Box NOT accep	32308		
The street addre	ess of its registered office a be identical.	nd the street address of	of the business off	fice of its register	ed agent,
Such change wa authorized by th	is authorized by resolution ie board, or the corporation	duly adopted by its both has been notified in v	oard of directors overiting of the cha	or by an officer songe.)
Isl Sham Ra		S <u>ham</u>	Rawal		lary
l hereby accept I further agree t of my duties, an document is bei	the appointment as registe the appointment as registe to comply with the provisio d I am familiar with and ac ng filed merely to reflect a theen notified in writing of	ns of all statutes relat scept the obligation of change in the register	Printed or typed of act in this capacitie to the proper for my position as read office address	city	formance Or, if this 1 that the
Ma	المك موهم	06/1	9/2023		
Sign	nature of Registered Agent		Date	······································	
lf signing on be	half of an entity:				
Mackenzie Hible	er, Assistant Secretary				
Ту	ped or Printed Name				
	* * *	FILING FEE: \$35.0	0 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)