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(Requestor's Name)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Bu	siness Entity Nan	ne)			
(Do	ocument Number)				
Certified Copies	Certificates	of Status			
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Special Instructions to	Filing Officer:				
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RIBIUS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: April 25, 2018

Order#: 179185-004

Re: KEY TECHNOLOGY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org er to change its registered office or reg	ganized under the la	iws of the Stat	e of Oregon
1. The name of	the corporation: KEY TECHNOLOGY,	INC.		
	office address: 150 AVERY ST, WALI		362	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 10/31/2005	Document	number: F05	000006338
	d street address of the current registered the transfer of State: (If resigned, enter resigned)		ed office on fi	le with the
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation	FL	33324	
6. The name and (if changed):	d street address of the new registered a	gent (if changed) ar	nd /or registere	
	Corporation Service Company			
	1201 Hays Street			rest of the second
		OT acceptable		50
	Tallahassee	FL	32301	<u></u>
The street addre	ess of its registered office and the stre be identical.	et address of the bu	usiness office	of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been	ed by its board of onotified in writing	directors or by of the change,	an officer so
17				
Signatu	re of an officer or director	Craig K	ed or typed name a	nd title
I further agree to performance of agent. Or, if the hereby confirm Corporatio	the appointment as registered agent of comply with the provisions of all st my duties, and I am familiar with and is document is being filed merely to rethat the corporation has been notified in Service Company	atutes relative to the accept the obligate flect a change in the first thing of this section.	he proper and tion of my pos he registered change.	complete ition as registered office address, I
By: I) NO	nature of Registered Agent	04/25/201	Date	1978 Table 16 Cal
_	half of an entity:			
	Assistant Vice President			
T	yped or Printed Name	TTT		
	* * * FILING I	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)