6/26/23, 5:02 PM

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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 U.S. TOOL GRINDING, INC.

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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, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or registe	nized under the laws of the State of Misson	ari
The name of the corporation: U.S. Tool Grinding, Inc.	3	
2. The principal office address: 2000 Progress Drive Farmington MO 63640		
3. The mailing address (if different): 2000 Progress Drive	Farmington MO 63640	
4. Date of incorporation/qualification: 07/28/2006		
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)	agent and registered office on file with the	•
HUBCO REGISTERED AGENT SERVICE	S, INC.	
155 OFFICE PLAZA DR. 1ST FLOOR		
TALLAHASSEE, FL 32301		202
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registered office	2023 JUN 27 AM
Northwest Registered Agent LLC	:) A
7901 4th St N STE 300		. ي
	NOF acceptable	9
St. Petersburg FL 33702		
The street address of its registered office and the street as changed will be identical.	address of the business office of its regis	stered agent.
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	I by its board of directors or by an office tified in writing of the change.	er so
BPACE ICOLOLOLANS	BRUCE H WILLIAMS, CEO	
Signature of an officer or director	Printed or typed name and title	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the obli locument is being filed merely to reflect a change in the corporation has been notified in writing of this change.	d agree to act in this capacity, utes relative to the proper and complete igation of my position as registered ager e registered office address, I hereby con	performance nt. Or, if this girm that the
FN-	06/26/2023	
Signature of Registered Agent	Date	
f signing on behalf of an entity:		
Taylor Newman		
Typed or Printed Name		

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

* * * FILING FEE: \$35.00 * * *