Division of Corporations

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Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

Address	:
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## REGISTERED AGENT CHANGE HAPP CONTROLS, INC.

Certificate of Status	0
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Page Count	03
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AUG 1 5 2014

C. CARKOTHERS 8/14/2014

## **COVER LETTER**

TO: Amendment Section Division of Corporations	,
SUBJECT: Happ Controls, I	rporation
DOCUMENT NUMBER:	
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:
Julie Montano	act Person
HAPP CONTROLS, INC.	
Firm/Con	пралу
1743 S. LINNEMAN ROAD	
Addre	ess -
MOUNT PROSPECT, IL 60056	
City/State and	Zip Code
Wile mortana 6 Su E-mail address: (to be used for ful	ZCMOP.COM ture annual report notification)
For further information concerning this matter, please ca	
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departm	nent of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT ON 04 BOTH FOR CORPORATIONS Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1808, Florida Statutes, this in A. statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: HAPP CONTROLS, INC. 2. The principal office address: 1743 S. LINNEMAN ROAD MOUNT PROSPECT, IL 60056 3. The mailing address (if different): 4. Date of incorporation/qualification: 10/26/2006 F06000006767 Document number: 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) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): C T Corporation System c/o C T Corporation System, 1200 South Pine Island Road PO Box NOT acceptable Plantation, Florida 33324 The street address of its registered office and the street address of the business office of its registered agent, 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. I hereby accept 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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. If signing on behalf of an entity: Ausha Amold, Acct. Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

FL006 - 95/20/2013 Welters Klewer Online

CR2E045 (03/12)