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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Penta Industrial Corporation Name of Corporation
DOCUMENT NUMBER: F07000001435
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:
Lloyd Dohrmann Name of Contact Person
Penta Industrial Corporation Firm/Company
10276 Bach Blvd. Address
St. Lows, MO 63132 City/State and Zip Code
Loyd. Dohrmann @ Penta. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lloyd Dohrmann at 314- P78-0143 Est. 305 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 60 ange is submitted for a c er to change its registere	orporation organize	d under the laws	of the State of	Missour		
1. The name of	the corporation: Penta	a Industrial Co	rporation				
2. The principal	office address: 10276	Bach Blvd, St. I	_ouis, MO 631	32			
3. The mailing a	address (if different):						<u> </u>
4. Date of incor	poration/qualification: _	03/12/2007	Document nur	mber:	F070000	01435	
5. The name and	d street address of the cu rtment of State: (If resign	rrent registered ager	nt and registered of	office on file v	vith the		
•	Linnihan, John J						
	1200 South Pine I	sland Road					
	Plantation, FL 333	24			 ;	<u> </u>	
6. The name and (if changed):	d street address of the ne		if changed) and /o	or registered o	ffice	1 JUL 25 SECRE INR SECRE INR	7
	Incorp Services, Ir	ic.			_	SEE FLBRA	
	17888 67th Court	North P.O. Box NOT ac	ceptable				5 `
	Loxahatchee, FL 3	3470				577	
The street addre	ess of its registered offices	ce and the street ad-	dress of the busin	ness office of	its register	ed agent,	
	as authorized by resolute board, or the corpora						
	,	₩	Subhash	Mohar	2 - Pr	residen	t
/ - (fe of an officer or director			or typed name and			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the prov ad I am familiar with an ing filed merely to refle s been notified in writin	istered agent and a isions of all statute d accept the obliga ct a change in the r g of this change.	gree to act in the s relative to the l tion of my positi egistered office o	is capacity. proper and co on as register address, I her	mplete per ed agent. eby confirm	formance Or, if this n that the	
Janice	Tull or bei	half of		July 6, 201	1		
Sig	nature of Registered Agent	corp Services,	Inc.	Date			
	chalf of an entity:						
	n behalf of Incorp S	ervices, Inc.					
T	yped 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 * * *