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(((H200000410373)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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FEB -5 AMIII:

REGISTERED AGENT CHANGE THE HOWARD E NYHART COMPANY INCORPORATED

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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 organin in order to change its registered office or registered.	nized under the laws of the State of Indiana
1. The name of the corporation: The Howard E Nyhart Cor	npany Incorporated
2. The principal office address: 8415 Allison Pointe Blvd.	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/18/2008	Document number: F08000000743
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned	
Incorp Services, Inc.	
17888 67th Court North	
Loxahatchec, FL 33470	
6. The name and street address of the new registered age (if changed):	~ ~
C T Corporation System	<u> </u>
1200 South Pine Island Road	্ৰত ৯ ১৯৯ ১
	Cacceptable FLOR
Plantation, Florida 33324	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	by its board of directors or by an officer so office in writing of the change.
P Belanger	Tricia Belanger, Secretary
Signature of an officer or director I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to refl hereby confirm that the corporation has been notified it.	Printed or typed name and utle ad agree to act in this capacity, utes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.
Signmure of Registered Agent	02/05/2020
	Date
If signing on behalf of an entity:	
Michele Holden, Asst. Secretary Typed or Printed Name	
* * * FILING FE	E: \$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)

To:

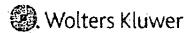
FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176380
FROM	RanaeMcGraw
DATE	2020-02-05 10:48:22 CST
RE	The Howard E. Nyhart Company, Incorporated

COVER MESSAGE

Julie Outlaw Fulfillment Associate II Global Fulfillment Team CT Corporation

Team (614) 280-3338 GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

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