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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** 5

Email Address:_

REGISTERED AGENT CHANGE PURE TECHNOLOGIES U.S. INC.

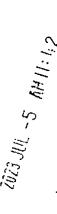
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitte	ed for a corpor	ration organized	07,1508, or 617,150k Lunder the laws of th Lagent, or both, in th	ie State of <u>D</u>	elaware	iis
1. The name of t	the corporation	Pure Technol	logies U.S. Inc.				
2. The principal	office address:	8920 STATE I	ROUTE 108, SU	ITE D			
		COLUMBIA,	, MD 21045				
3. The mailing a	iddress (if diffe	rent):			·-·-		
4. Dateofincorp	oration/qualifi	cation: <u>02/19/</u>	1997	_ Document number	r: <u>F08000000</u>	1779	
			registered agen enterresigned)	t and registered offic	e on file with	h the	
	Corporation St	ervice Compan	ıy				
	1201 Hays Street						2023
	Tallahassee, F	132301-2525					JE S
6. The name and (ifchanged):	d street address	of the new rep		Changed) and /or re		NAX OF	2023 JUN 30 PM 12: 2
	C T Corporati	ion System				27	25.
	£200 South Pir	ne Island Road			*	171	0.
			P.O. Box NO	Lucceptuble			
	Plantation, Flo	rida 33324					
The street addre	ess of its regist be identical.	ered office an	id the street add	ress of the business	office of its	registere	ed agen
Such change wa authorized by the	is authorized b	y resolution d Ecorporation	duly adopted by has been notific	its board of directored in writing of the c	rs or by an o change.	officer so	ı
/s/R/	OBERT W. BARLE	- TT	RC	BERT W. BARLETT, VIC	CE PRESIDEN	T & SECRI	ETARY
	re of un officer or d			Printed or type	ed name and till	e	
I foundly am arman	to comply with ad I am familia ing filed merel s been notified	LINA PROJECION	ns of all statutes cept the obligate change in the re this change.	gree to act in this ca relative to the prop ion of my position a gistered office addr 6/29/2023	22 F 2313/1 22/3 232 1	olete perj agent, (v confirm	formane Or, if th 1 that th
Sig	nature of Registered	Agent			Date		
If signing on be	half of an enti	ty:					
JOE DAVIS, AS	SISTANT SEC	RETARY					
1,	yped or Printed Nar	ne					
		* * *	FILING FEE:	\$35.00 * * *			

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

By: