

F090000003304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

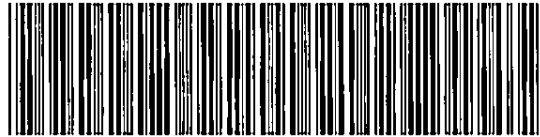
(Document Number)

Certified Copies _____

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Office Use Only



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2024 SEP 30 AM 10:59

TALLAHASSEE, FLORIDA

RECEIVED

2024 SEP 30 AM 11:19

TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com
Ext: x61563
Date: 09/30/24
Order #: 1630483-1
Re: HALKEY-ROBERTS CORPORATION
Processing Method: In-House

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the "Processing Method" line of the header.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office
Check in the amount of: \$35.0 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HALKEY-ROBERTS CORPORATION
Name of Corporation

DOCUMENT NUMBER: F09000003304

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:

Nikki Vike

Name of Contact Person

Nordson Corporation

Firm/Company

28601 Clemens Road

Address

Westlake, Ohio 44138

City/State and Zip Code

secretary@nordson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikki Vike

Name of Contact Person

at (440) 892-1580

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HALKEY-ROBERTS CORPORATION
2. The principal office address: 2700 HALKEY-ROBERTS PLACE NORTH, ST. PETERSBURG, FL 33716-4103

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/20/2009 Document number: F09000003304

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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee FL 32301

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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.

Susan Warner

Signature of an officer or director

Susan Warner, Assistant Secretary

Printed or typed name and title

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.

Vina Quath

Signature of Registered Agent

Sep-20-2024

Date

If signing on behalf of an entity:

Corporation Service Company

Typed or Printed Name

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

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

CR2E045 (04/13)

COA-10112