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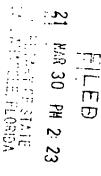
| (Req | uestor's Name) | |
|----------------------------|------------------|--------------|
| (Add | ress) | <u> </u> |
| (bbA) | ress) | . |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Busi | iness Entity Nai | me) |
| (Doc | ument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | iling Officer: | |
| | | |
| | | |
| | | |





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03/30/21--01031--008 **35.00



May



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Joey Parlamenti joey.parlamenti@cscglobal.com

Date: March 25, 2021

Order#: 699677-006

Re: HERRENKNECHT TUNNELLING SYSTEMS USA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Joey Parlamenti c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

| statement of cha | nge is submitted f | ons 607.0502, 617.050 or a corporation organistered office or regist | nized under the lav | vs of the State of | Washingtor | | |
|---|---|--|--|---|---|--------------------------------|--|
| 1. The name of | the corporation: HE | ERRENKNECHT TUN | INELLING SYSTE | MS USA, INC. | | | |
| | | 13 132ND AVE E SUI | | | <u> </u> | | |
| SUMNER, WA | | | | | | | |
| 3. The mailing a | address (if differen | t): | | | | | |
| 4. Date of incor | poration/qualificat | ion: 03/02/2010 | Document r | number: <u>F10000</u> | 001063 | | |
| | | the current registered a resigned, enter resign | | d office on file w | ith the | | |
| | C T CORPORA | TION SYSTEM | | | _ | | |
| | 1200 SOUTH PI | NE ISLAND ROAD | _, | | | | |
| | PLANTATION | | FL | 33324 | _ | | |
| (if changed): | Corporation Ser | the new registered age | | | - | | |
| | 1201 Hays Street | | | | | | |
| | Tallahassee | Р,О, Во | NOT acceptable | 32301 | | | |
| as changed will | be identical. | d office and the street | | : | | agent, | |
| Such change wanthorized by the | as authorized by re he board, or the co | esolution duly adopted proporation has been no | d by its board of dotified in writing o | lirectors or by an of the change. | office | 7 | |
| Xie | e E. Q | nei | Jill Cilmi | • | ည္_Vice⊕res | sident | |
| I hereby accept I further agree of my duties, ar document is bet corporation ha | to comply with the nd I am familiar w ing filed merely to s been notified in v | as registered agent an eprovisions of all stat ilh and accept the obl reflect a change in the writing of this change | nd agree to act in the state of | ed or typed name and withis capacity. This capacity. The proper and continuous as registers address, Therefore | - :. : : :::::::::::::::::::::::::::::: | rmance i if this hat the | |
| By: Dro | n Service Com | <u>610</u> | 03/12/2021 | Date | | | |
| If signing on be | chalf of an entity: | | | | | | |
| - | Asst. Vice Preside yped or Printed Name | | | | | | |
| | | * * * FILING FI | EE: \$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)