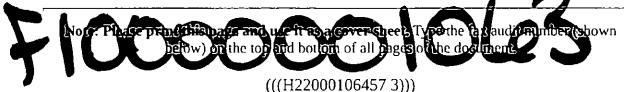
## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 





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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

Email	Address:	

## REGISTERED AGENT CHANGE HERRENKNECHT TUNNELLING SYSTEMS USA, INC.

Certificate of Status	0
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Corporate Filing Menu

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

statement of char	rovisions of sections 607.0502, 617.050. ge is submitted for a corporation organ to change its registered office or registe	zed under the laws of the State of Was	hington
1. The name of the	e corporation: Herrenknecht Tunne	elling Systems USA Inc.	
2. The principal of			
	<del>.</del>		
-	dress (if different):	T1000000	1062
	oration/qualification: 03/02/2010	Document number: F1000000	-
	street address of the current registered agment of State: (If resigned, enter resigne		ie
	CORPORATION SERVICE	COMPANY :	2022
	1201 HAYS ST		
	TALLAHASSEE, FL 32301		22
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered office	
	Northwest Registered Agen	LLC	ယ
	7901 4th St N STE 300		
	го.вы St. Petersburg FL 33702	NOT acceptable	
The street address as changed will	is of its registered office and the street are identical.	address of the business office of its reg	zistered agent,
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or by an offi- ified in writing of the change.	cer so
Jack	r Brockwary	Jack Brockway, President	1
I further agree to of my duties, and document is bein	he appointment as registered agent and comply with the provisions of all state I am familiar with and accept the obliggiful merely to reflect a change in the been notified in writing of this change.	Printed or typed name and title  I agree to act in this capacity, tes relative to the proper and complet gation of my position as registered ag i registered office address, I hereby co	e performance ent. Or, if this onfirm that the
Ton Glo	w_	3/22/22	
Sign	nture of Registered Agent	Date	<del></del>
If signing on bel	alf of an entity:		
Tom Glover			
Ту	oed or Printed Name	D C25 00 + A +	
	* * * FILING FE	L: 335.00 " " "	

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