F110000000155

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	į

Office Use Only



400258933694

TO ALAMONUZUGE SUFFICIENCY OF FILMS 2014 APR 14 EN 41 4 APR 14 AN 8:

8



CORPORATION SERVAGE COMPANY ACCOUNT NO. : 12000000195

REFERENCE :

AUTHORIZATION C

COST LIMIT :

ORDER DATE: February 21, 2014

ORDER TIME : 2:48 PM

ORDER NO. : 023127-010

CUSTOMER NO: 7822561

CHANGE OF AGENT

NAME: DREXEL METALS INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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 order to change its registered office or regist	nized under the laws of the State	of DELAWARE
1. The name of the corporation: DREXEL METALS INC.		
2. The principal office address: 1234 GARDINER LANE	LOUISVILLE, KY 40213	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 02/18/2011	Document number: F110	00000755
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)		with the
BRADLEY W. MUNROE ESQ		
239 E VIRGINIA ST		
TALLAHASSEE	FL 32307	P 25
6. The name and street address of the new registered age (if changed): Corporation Service Company 1201 Hays Street	nt (if changed) and /or registered	l office
P.O. Box NOT	·	
Tallahassee	FL 32301	<u> </u>
The street address of its registered office and the street as changed will be identical.		
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	otified in writing of the change.	an officer so
Spinature of an officer or dijector	JOHN MCGUIRE Printed or typed name as	TREASURER
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 agent. Or, if this document is being filed merely to refinereby confirm that the corporation has been notified in Corporation Service Company By:	nd agree to act in this capacity. tutes relative to the proper and c accept the obligation of my posi lect a change in the registered o	complete tion as registered
If signing on behalf of an entity.		
Barbara Perry, Assistant Vice President		

* * * 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 (03/12)