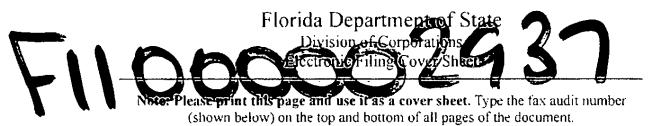
11/11/2020

Division of Corporations



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Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

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

Email Address: pscherm@sauer-inc.com

REGISTERED AGENT CHANGE SAUER GROUP, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor change is submitted for a corporation organized under the laws of the State rder to change its registered office or registered agent, or both, in the State	e of Ohio	_
		oj 1 ioriala	
	. The name of the corporation: SAUER GROUP, INC.		
2. The principa	pal office address: 1801 Lone Eagle Street, Columbus, Ohio 43228		
3. The mailing	ng address (if different): 30 51st Street, Pittsburgh, Pennsylvania 15201	41-44	
4. Date of inco	corporation/qualification: 7/20/2011 Document number: F11	000002937	
	and street address of the current registered agent and registered office on fi epartment of State: (If resigned, enter resigned)	le with the	
	CT CORPORATION		
	1200 SOUTH PINE ISLAND RD		
	PLANTATION, FL 33324		20
6. The name at (if changed)	and street address of the new registered agent (if changed) and /or registered):	ed office +	2020 NOV 12
	Business Filings Incorporated		
	1200 South Pine Island Road		PH -
	P.O. Box NOT acceptable	— <u>;</u> ;;	ار: 0 ر
	Plantation, Florida 33324		9
The street add	ddress of its registered office and the street address of the business office will be identical.	of its registered ag	ent.
Such change v authorized by	was authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	y an officer so	
Signi	Terence R. Kiliany, Vice-Preside		_
I hereby accep I further agree performance o agent. Or, if t hereby confir	ept the appointment of registered agent and agree to act in this capacity see to comply with the provisions of all statutes relative to the proper and e of my duties, and I am familiar with and accept the obligation of my pos f this document is being filed merely to reflect a change in the registered run that the corporation has been notified in writing of this change.	complete sition as registered office address, I	1
Nahll	4th day of November, 2020)	
S	Signature of Registered Agent Date		
If signing on t	n behalf of an entity:		
Mark Williams,	ns, AVP		
	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