F12000000946

(Requestor's Name)				
(Ad	idress)	<u> </u>		
(Ad	idress)			
(Cit	ty/State/Zip/Phone	<i>⇒</i> #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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T. LEMIEUX

KNO



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: February 14, 2017

Order#: 503184-013

Re: HYDRATIGHT OPERATIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

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: Ashley Seeman c/o Corporation Service Company 2711 Centerville Road, Suite 400

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.

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

statement of cha	inge is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware egistered agent, or both, in the State of Florida.	
	the corporation: Hydratight Operation		
2. The principal	office address: N86 W12500 Westt	prook Crossing, Menomonee Falls, WI 53051	
3. The mailing a	address (if different): PO Box 3241,	Milwaukee, WI 53201-3241	
4. Date of incor	poration/qualification: 03/01/2012	Document number: F1200000946	
	d street address of the current register tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	NRAI Services, Inc		
	1200 South Pine Island Road		
	Plantation	FL 33324	
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
	P.O. Bo	FL 32301	
as changed will Such change wa	ess of its registered office and the s be identical.	opted by its board of directors or by an officer so en notified in writing of the change	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of al my duties, and I am familiar with		
By: Lin	inature of Registered Agent	02/10/2017 Date	
If signing on be	chalf of an entity:		
	, Assistant Vice President		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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