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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:_____

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REGISTERED AGENT CHANGE HYDRATIGHT OPERATIONS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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AUG 05 2019

I ALBRITTON

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

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida In organized under the laws of the State o	f Delaware	
		r registered agent, or both, in the State of	f Florida.	
1. The name of	the corporation: Hydratight Operation	ions, inc.		
2. The principal	office address: N86 W12500 West	brook Crossing, Menomonee Falls, WI 5303	<u> </u>	
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. F12000	1000946	
 The name and Florida Depart 	d street address of the current regi- itment of State: (If resigned, enter	stered agent and registered office on tile versigned)	with the	
	Corporation Service Company		201	
	1201 Hays Street		- : <u> :</u>	
	Tallabassee, Fl. 32301		12	•
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and for registered o	All 9: 1-9	
	CT Corporation System			
	1200 South Pine Island Road			
	POF	Box NOT acceptable	-	
	Plantation, Florida 33324		_	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of i	its registered agent,	
Such change was authorized by the	is authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so	
1/2		Jennifer Kurz, Secretary		
	ाट र्जा तह जीवटक एवं चेतल्यां ज	Printed or typed name and ti		
Phereby accept I further agree to performance of agent. Or, if this hereby confirm to	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with is document is being filed morely that the corporation has been not	ent and agree to act in this capacity. All statutes relative to the proper and cor I and accept the obligation of my positio to reflect a change in the registered offi- tified in writing of this change.	nplete n as registered ce address, l	
	Jo	08/01/2019		
// Sign	natible of Registered Agent	Date		
f signing on bel	half of an entity:			
	, Assistant Secretary			
Ty	pcd or Printed Name			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314
CR26045 (03/12)