Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

R WHITE

Account Name : C T CORPORATION SYSTEM

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Phone : (514)280-3338

FEB 0 9 2018

: (954)208-0845 Fax Number

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 SPECIALTY STEEL WORKS INCORPORATED

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

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

in ord	ler to change its registere	ed office or registered agent, or both, in the State of Florida	
1. The name of	. The name of the corporation: Specialty Steel Works Incorporated		
The principal-office address: 1412 150th Street, Hammond, IN 46327			
3. The mailing	address (if different):		
4. Date of inco	proration/qualification:	05-22-2012 Document number: F12000002184	
	od street address of the cu artment of State: (If resig	nrent registered agent and registered office on tile with the ned, enter resigned)	18
	Thad Florence		HH (6
	200 S. Biscayne Blvd., S	· · · · · · · · · · · · · · · · · · ·	(1) (2)
	Mismi, FL 33131		
6. The name ar (if changed)		w registered agent (if changed) and for registered office	WH 10: 11
	C T Corporation System		
	c/o C T Corporation Sys	tem, 1200 South Pine Island Road	
		P.O. Box NOT acceptable	
	Plantation, Florida 3332	4	
		ce and the street address of the husiness office of its registered a	igent,
anthoused by	the board, or the corpora	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.	
Dine	1/le	David M. Ascher, Secretary	
t / -	tere of an officer or director	Printed or typed reams and take	 -
l hereby accep I further agree perförmance o agent. Or, if fl hereby confirn	it the appointment as reg to comply with the prov f my duties, and I am fan his document is being fil hthat the corporation ha	istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete niliar with and accept the obligation of my position as registere, ed merely to reflect a change in the registered office address, I is been notified in writing of this change.	d
By: Oct Co	rporation System	2.07010	
	gnalize of Registered Agent	2/8/2018 Date	
v If signing on b	ehalf of an entity:		
James M. Haln	in - Assistant Secretary	•	
	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, TAILAHASSEE, FL 32314

CR2E045 (03/12)