F1300000636

(Requestor's Name)	
·· (Address)	
· · · · · · · · · · · · · · · · · · ·	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
•••	
Office Use Only	



400426626154

RAGRO Change

FILED 2024 MAR 28 PM & 29 SEPRINGSEEF ETATE

2024 HAR 28 AM II: 20

A. RAMSEY
2074
MAR. 2074

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

CONTACT PERSON: Shauna Godbolt

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195				
	REFERENCE	:	366974 8442300				
	AUTHORIZATION	<u>:</u>	musal man				
	COST LIMIT	;	\$ 35.00				
ORDER DATE :	March 18, 2024						
ORDER TIME :	9:07 AM						
ORDER NO. :	366974-069						
CUSTOMER NO:	8442300						
CHANGE OF AGENT							
NAME:	ELEMENT MATER ST. PAUL INC.	IAL	S TECHNOLOGY				
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FILING:				
·	TIED COPY STAMPED COPY						

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0 ange is submitted for a corporation or	ganized under the laws of the State of	North Carolina
-	er to change its registered office or reg		
1. The name of	the corporation: ELEMENT MATERI	ALS TECHNOLOGY ST. PAUL INC.	. <u> </u>
2. The principal	office address: 662 Cromwell Avenue	e, St. Paul, MN 55114	
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: 02/07/2013	Document number: F13000	1000636
	I street address of the current registere then tof State: (If resigned, enter resigned)		ith the
	C T Corporation System		_
	1200 South Pine Island Road		_ 52.67 _ 52.67
	Plantation	FL 33324	
6. The name and (if changed):	l street address of the new registered a	gent (if changed) and /or registered of	2024 HAR 28 PM SEPARTARY OF TALL MARKSTELL
	Corporation Service Company		The state of the s
	1201 Hays Street		29
	P.O.	Box NOT acceptable	- -
	Tallahassee	FL 32301	_
	ess of its registered office and the stre be identical.		
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	oted by its board of directors or by an notified in writing of the change.	officer so
Xiel	12 ani	Jill Cilmi, Vice President	
/	re of an officer or director	Printed or typed name and t	
l hereby accept I further agree t of my duties, an document is bei corporation has Corporation	the appointment as registered agent to comply with the provisions of all st d I am familiar with and accept the o ng filed merely to reflect a change in been notified in writing of this chan n Service Company	and agree to act in this capacity tatutes relative to the proper and conbligation of my position as registere the registered office address, I here ge.	nplete performance d agent. Or, if this by confirm that the
By: Ce	in leil	03/28/2024	
_	nature of Registered Agent half of an entity:	Date	
Ami M. Casper,	Asst. Vice President		
Ty	ped 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
CR2E045 (04/13)
CSC 366974-69