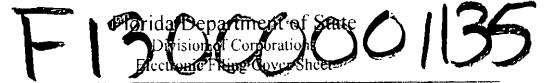
9/27/22, 12:01 PM

o:

Division of Corporations



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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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REGISTERED AGENT CHANGE VALMET FLOW CONTROL INC.

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By:

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

statement of cha	mge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statut organized under the laws of the State of <mark>Delaw</mark> registered agent, or both, in the State of Florid	vare
1. The name of	the corporation: Valmet Flow Contro	ot Inc.	
	office address: No chenge		
3. The mailing a	address (if different): No chenge		
4. Date of incor	poration/qualitication: 03/07/2013	Document number: F13000001135	
	d street address of the current register timent of State: (If resigned, enterre	ered agent and registered office on file with the esigned)	<u> </u>
	CORPORATION SERVICE COMP	PANY .	2(
	1201 HAYS STREET		2022 SEP 27
	TALLAHASSEE, FL 32301		P 27
6. The name and (ifchanged):	d street address of the new registere	d agent (if changed) and /or registered office	PH T
	C T Corporation System		
	1200 South Pine Island Road	P.O Box NOT acceptable	
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its regi	istered agent,
		dopted by its board of directors or by an office en notified in writing of the change.	
Signatu	re of an officer or director	Printed or typed name and title	
I further agrée of my duties, ar document is bei	to comply with the provisions of an all lam familiar with and accept the ing filed merely to reflect a change is been notified in writing of this change.	ent and agree to act in this capacity. Il statutes relative to the proper and complete he obligation of my position as registered age. I in the registered office address, I hereby con ange.	e performance nt. Or, if this nfirm that the
	See Camero	9/27/2022	
	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	ICK, ASSISTANT SECRETARY		
7	yped or Printed Name		

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