## **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274

Fax Number : (888)706-7274

\*\*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 HOPKINS MANUFACTURING CORPORATION

Certificate of Status	Ü
Certified Copy	0
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Electronic Filing Menu Corporate Filing Menu

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: HOPKINS MANUFACT	URING CC	RPORATIO	N		
Name of Corporation	12417		_		
DOCUMENT NUMBER: F 130000	72711		_		
The enclosed Statement of Change of Registered O	ffice/Agent and f	ee are submitted for	filing.		
Please return all correspondence concerning this ma	itter to the follow	ring:			
Alicia Richards					
Name of Contact Person	<del></del>				
Registered Agent Solutions, Inc.					
Firm/Company			r	ے	
Corporate Center One, 5301 Southwest Pkwy, Ste 400				15L	
Address			· · · · · · · · · · · · · · · · · · ·	2012 IAH -8	] <sup>1</sup>
Austin, Texas 78735				<b>=</b> -	11: شد
City/State and Zip Code			: .	14H -8 AH 6	
			<i>12</i> .	<u></u>	į
E-mail address: (to be used for future annual re	port notification	1)		M 9: 05	
For further information concerning this matter, plea	se call:		·	ഗ	
Alicia Richards	at ( 888	705-7274 Tode & Daytime Tele			
Name of Contact Person	Area C	ode & Daytime Tele	ephone Numbe	·r	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E(H5 (04/13)

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

statement of cha	provisions of sections 607,0502, nge is submitted for a corporati r to change its registered office	ion organized u	nder the lav	ws of the State of _	Kansas	
2. The principal	he corporation: HOPKINS office address: 127 Public nd, OH 44114				PORAT	TION
_	ddress (if different):					
4. Date of incorp	oration/qualification: 6/3/20	013	Document	number: F1300	000024	17
	street address of the current reg tment of State: (If resigned, ento	er resigned)	-			
	CORPORATION 1201 HAYS STREET	N SERV	ICE C	OMPANY		
	TALLAHASSEE		FL	32301-2525		<u>.</u>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.						31. IAN - 8
2894 Remington Green Ln. Sto. A				9 H 9		
	Tallahassee	P.O. Box NOT a	cceptable 3230	)8		05
The street addre	ss of its registered office and the identical.	he street addre	ss of the bu	siness office of its	s registered	agent,
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	y adopted by its been notified	s board of o	directors or by an of the change.	officer so	
1st Michael		Mic	hael Ba		Secreta	ry_
I hereby accept I further agree t of my duties, an document is bei	e of an officer or director the appointment as registered o comply with the provisions o d I am familiar with and accep ng filed merely to reflect a cha been notified in writing of this	fall statutes re at the obligation age in the regi	e to act in	ed or typed name and to this capacity, he proper and com itton as registered e address, I hereb		mance if this act the
	معن طال	_	/08/20	24		
Sign	untire of Registered Agent			Date		
If signing on bel	half of an entity:					
Mackenzie Hible	r, Assistant Secretary					
гу	ped or Printed Name  * * * FII	 .ING FEE: \$3	5.00 * * *			

FILING PEE: 355.00