F13000004112

| (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: | | | | |
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| | | | | |
| | | | | |





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01/23/15--01024--022 **35.00

SECRETARY OF JAK ON 39

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: January 21, 2015

Order#: 454057-002

Re: AIR COMPLIANCE TESTING, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

X Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of cha | ange is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida Statute n organized under the laws of the State of Ohio registered agent, or both, in the State of Florida | |
|---|---|---|---------------------------|
| 1. The name of | the corporation: AIR COMPLIANC | CE TESTING, INC. | |
| | office address: ksville Rd., Brecksville, OH 44141 | | |
| 3: The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification: Ohio | Document number: F1300000411 | 2 |
| | d street address of the current regis rtment of State: (If resigned, enter | stered agent and registered office on file with the resigned) | |
| | C T Corporation System | | |
| | 1200 South Pine Island Road | | |
| | Plantation, FL 33324 | | DIVI 15 |
| 6. The name and (if changed): | | red agent (if changed) and /or registered office | SECRETARY NISION OF CO |
| | Corporation Service Company | | AH 10: |
| | 1201 Hays Street | | O: 39 |
| | | Box NOT acceptable | 9 % |
| | Tallahassee | FL 32301 | |
| The street addr as changed will | ess of its registered office and the l be identical. | street address of the business office of its regis | stered agent, |
| Such change wathorized by t | as authorized by resolution duly a he board, or the corporation has b | dopted by its board of directors or by an office een notified in writing of the change. | r so |
| To | - | Dona Priebe, Vice President | |
| Signati | ure of an officer or director | Printed or typed name and title | |
| I further agree performance of agent. Or, if th hereby confirm | t the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with his document is being filed merely that the corporation has been no on Service Company | ent and agree to act in this capacity. all statutes relative to the proper and complete and accept the obligation of my position as re to reflect a change in the registered office add tified in writing of this change. | gistered ress, I |
| By: Lunber | Shature of Registered Agent | 01/16/2015 | |
| / Sig | · | Date | |
| | chalf of an entity: | | |
| | Syped or Printed Name | | |
| , | yp or r r . 100 110 | | |

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