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| (F | Requestor's Name) | |
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| (A | Address) | |
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| | Address) | |
| V | tuuress) | |
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| (0 | City/State/Zip/Phon | e #) |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate: | s of Status |
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| Special Instructions to | o Filing Officer: | : |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: September 14, 2020

Order#: 415666-018

Re: LUXFER MAGTECH, 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.

XX _ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive 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

| | • | 7.0502, 607.1508, or 617.1508, Florida \S organized under the laws of the State of $_$ | |
|---|--|--|---|
| | | egistered agent, or both, in the State of F | |
| 1. The name of | the corporation: LUXFER MAGTED | CH, INC. | |
| | office address: 2590 Ridgeway Blvd | | |
| | | | |
| 3. The mailing a | address (if different): 2940 Highland | Avenue, Suite 210, Cincinnati, OH 45 | 212 |
| 4. Date of incor | poration/qualification: August 13, 2 | Document number: F140000 | 003399 |
| | d street address of the current registertment of State: (If resigned, enter re | ered agent and registered office on file wiesigned) | ith the |
| | C T Corporation System | | _ |
| | 1200 South Pine Island Road | | _ |
| | Plantation | FL 33324 | |
| 6. The name and (if changed): | d street address of the new registered | d agent (if changed) and /or registered of | fice _ |
| | 1201 Hays Street | | |
| | P | O Box NOT acceptable | - |
| | Tallahassee | FL 32301 | - |
| as changed will | l be identical. | treet address of the business office of it | _ |
| Such change w authorized by t | as authorized by resolution duly ad he board, or the corporation has be | opted by its board of directors or by an en notified in writing of the change. | officer so |
| | Que & Comi | Jill Cilmi | Vice President |
| - | are officer or director | Printed or typed name and to | tle |
| I further agree of my duties, ar document is be corporation ha | to comply with the provisions of al | nt and agree to act in this capacity. I statutes relative to the proper and con e obligation of my position as registere in the registered office address, I herel ange. | aplete performance d agent. Or, if this by confirm that the |
| By: Lindrey M Baronie | | 09/14/2020 | |
| | ronter of Registered Agent Fonie, Asst. Vice President | Date | |
| If signing on be | ehalf of an entity: | | |
| ำ | Typed or Printed Name | | |
| • | ** | | |

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