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To:

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011

Phone : (844)386-0178

Fax Number : (214)317-4754

**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 ZENNER PERFORMANCE METERS, INC.

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6/30/2021

To: 18506176380 From: 12147128131 Date: 06/30/21 Time: 8:51 PM Page: 02/02

(((H21000255487 3)))

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

1. The name of the	he corporation: Zenner Performan	ce Meters, Inc.	
2. The principal	office address:		
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 10-15-2014	Document number: F14000004419	
5. The name and Florida Depar	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
CORPORATION SERVICE COMPANY 1201 HAYS STREET			
6. The name and (if changed):			
	LEGALINC CORPORATE SERVICES INC.		
	5237 SUMMERLIN COMMONS	BLVD, SUITE 400	3e. 878 () C
		P.O. Box NOT acceptable	
	FORT MYERS, FL 33907		
as changed will	be identical.	e street address of the business office of its regist	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has l	adopted by its board of directors or by an officer been notified in writing of the change.	\$0
		Kim Godsey, President Frunted or typed name and title	
I hereby accept I further agree of my duties, an document is be corporation has	the appointment as registered a to comply with the provisions of id I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	gent and agree to act in this capacity. all statutes relative to the proper and complete p the obligation of my position as registered agent ge in the registered office address. I hereby conf change.	nerformance '. Or. if this irm that the
\mathcal{L}	22.	06/30/2021	
	nature of Registered Agent	Date	

* * * 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)

Typed or Printed Name