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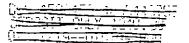
(Re	questor's Name)	<u> </u>
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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: Ashley Seeman ashley.seeman@cscqlobal.com

Date: January 9, 2019

Order#: 569593-017

Re: MILLTRONICS USA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{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: Ashley Seeman

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.

OUCA.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 Si organized under the laws of the State of $\frac{17}{2}$ registered agent, or both, in the State of Fl	ndiana
1. The name of	the corporation: MILLTRONICS US	SA, INC.	
2. The principal	office address: ONE TECHNOLOG	GY WAY INDIANAPOLIS, IN 46268	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/21/2015	Document number: F150000	05643
	d street address of the current regist	tered agent and registered office on file with esigned)	h the
	C T CORPORATION SYSTEM		
	1200 South Pine Island Rd		and S
	Plantation	FL 33324	3
6. The name and (if changed):	i street address of the new registere	ed agent (if changed) and /or registered offic	ce =
	Corporation Service Company		ئن <u>ئ</u>
	1201 Hays Street		
	PO Box NOT acceptable		
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and the sbe identical.	street address of the business office of its	registered agent.
		dopted by its board of directors or by an of en notified in writing of the change.	ficer so
Xie	L & COME	Jill Cilmi, Vice President	
Skinaru	re of an officer or director	Printed or typed name and title	
I further agree i performance of agent. Or, if th hereby confirm	to comply with the provisions of all my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and comp and accept the obligation of my position a o reflect a change in the registered office ified in writing of this change.	is registered
By: Line	ico Cokubi	01/08/2019	
	nature of Registered Agent	Date	
lf signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
T	ped or Printed Name		

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

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314