

**F17000003132**

Florida Department of State  
Division of Corporations  
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Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
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**REGISTERED AGENT CHANGE  
TRIAD MANUFACTURING, INC.**

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AUG 22 2019  
C. MCINAIR

# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Triad Manufacturing, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F17000003132

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margot Mullin

Name of Contact Person

at ( 888 ) 705-7274

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Missouri in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Triad Manufacturing, Inc.  
2. The principal office address: 4321 Semple Ave Saint Louis, MO 63120

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 7/12/2017 Document number: F17000003132

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

**TRAC - THE REGISTERED AGENT COMPANY**

236 E 6TH AVE

TALLAHASSEE

FL 32303

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.

155 Office Plaza Dr. Suite A

P.O. Box NOT acceptable

Tallahassee FL 32301

TALLAHASSEE, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Charles Kamper

Signature of an officer or director

Charles Kamper

CFO

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Mackenzie Hart

Signature of Registered Agent

08/20/2019

Date

If signing on behalf of an entity:

Mackenzie Hart, Assistant Secretary

Typed 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