3/22/22, 10:37 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*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 ANORD MARDIX (USA) INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Help

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

	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this change is submitted for a corporation organized under the laws of the State of VA
in o	der to change its registered office or registered agent, or both, in the State of Florida.
1. The name	of the corporation; ANORD MARDIX (USA) INC.
2. The princip	oal office address: 2704 Seven Hills Blvd., Henrico, VA 23231-6012
	g address (if different): 6201 America Center Drive; Attn: Legal, San Jose, CA 95002
4. Date of inc	orporation/qualification: 08/24/2018 Document number: F18000004041
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)
· · ·	CAPITOL CORPORATE SERVICES, INC.
	515 EAST PARK AVENUE, 2ND FLOOR
	TALLAHASSEE, FL 32301
6. The name (if changed	
	C T Corporation System
• •	1200 South Pinc Island Road
•	P.O. Box. NOT acceptable
	Plantation, Florida 33324
The street ad as changed w	dress of its registered office and the street address of the business office of its registered agent, ill be identical.
Such change authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
-//W	Timothy Stewart, Vice President and Secretary  Litture Van officer or director  Printed or typed name and life
I hereby acce I further agre of my duties, document is corporation	ept the appointment as registered agent and agree to act in this capacity, we to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this being filed merely to reflect a change in the registered office address, I hereby confirm that the was been polified in writing of this change.
C T Corpoid	03/18/2022
	Signature of Registered Agent Date
If signing on	behalf of an entity.
Lisa Duboi	s, 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

CR2E045 (04/13)

By: