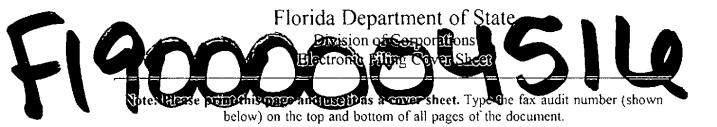
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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 INGERSOLL-RAND INDUSTRIAL U.S., INC.

Certificate of Status	0
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Page Count	02
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Help

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

statement of ch	ange is submitted for a corpor	o2, 617.0502, 607.1508, or 617.1508, Florida Statute ation organized under the laws of the State of DE ce or registered agent, or both, in the State of Florida	
1. The name of	the corporation: INGERSOLL-	RAND INDUSTRIAL U.S., INC.	
2. The principal	office address: 800-F. BEATY	STREET DAVIDSON, NC 28036	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 10/07/2	2019 Document number: F19000004516	
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file with the inter resigned)	. <u> </u>
	CORPORATION SERVICE C	COMPANY	55 Th
	1201 HAYS STREETTALLA	HASSEE, FL 32301	3 M 8 47
6. The name an (if changed):		sistered agent (if changed) and for registered office -	47
	c/o C T Corporation System, 1	200 South Pine Island Road	
		P.O. Box. NOT acceptable	
	Plantation, Florida 33324		
The street addr as changed wil	ess of its registered office and the identical.	d the street address of the business office of its regis	tered agent,
Such change w authorized by t		aly adopted by its board of directors or by an officer has been notified in writing of the change.	r so
	(<u>)</u>	Leslie Martin- Vice President	
Thereby accept I further agree performunce of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar is document is being filed me that the corporation has been	Printed or typed time and title and agree to act in this capacity. It is of all statutes relative to the proper and complete with and accept the obligation of my position as re- rely to reflect a change in the registered office addi- n notified in writing of this change.	gistered ess, l
By:	rporation System Algorithm	03/04/2020	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Michele Holden	- Assistant Secretary		
7	yped or Printed Name		

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