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	(Business Entity Name)
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Certified Copies	Certificates of Status
Special Instruction	ons to Filing Officer
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PALLAHASSI EL TUEBBA SEONE LAN OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : 12000000195					
REFERENCE : 556874 7703101					
AUTHORIZATION :					
COST LIMIT : \$-3500					
ORDER DATE : July 18, 2024					
ORDER TIME : 9:48 AM					
ORDER NO. : 556874-006					
CUSTOMER NO: 7703101					
CHANGE OF AGENT					
NAME: HOWDEN USA COMPANY					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Amanda Miller					
EXAMINER'S INITIALS:					

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

statement of ch	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508. Florida Statute tion organized under the laws of the State of DE_ e or registered agent, or both, in the State of Florida	· · · · · · · · · · · · · · · · · · ·
	the corporation: HOWDEN USA	•	•
			
	Road Fairfield, OH 45014	_	
3. The mailing	address (if different):		
		019 Document number: F19000004668	;
5. The name an		egistered agent and registered office on file with the	
	C T CORPORATION SYSTI	ЕМ	
	1200 SOUTH PINE ISLAND	ROAD	
	PLANTATION	FL 33324	
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registered office	2024 JE
	Corporation Service Compar	ny	·
	1201 Hays Street		<u>. 1</u> : <u>5</u> 5
		P.O. Box NOT acceptable	- 5 - 5
	Tallahassee	FL 32301	32
The street address changed will	ess of its registered office and the identical.	the street address of the business office of its regist	ered agent,
Such change wa authorized by th	as authorized by resolution dul- ne board, or the corporation ha	y adopted by its board of directors or by an officer speen notified in writing of the change.	so
/S/ Herbert G.	Hotchkiss	Herbert G. Hotchkiss, Vice Pres	ident
I hereby accept I further agree to of my duties, an document is bei corporation has	(a) ('a)nnata tulia la	Printed or typed name and title agent and agree to act in this capacity, of all statutes relative to the proper and complete point the obligation of my position as registered agent mye in the registered office address. I hereby confischange.	erformance Or, if this rm that the
By: Llos	a Cokuble	06/17/2024	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President		
Ty	rped or Printed Name		

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