F93000002360

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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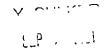
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CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Alexxis Weiland

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : 120000000195 REFERENCE : 9984-68 8352393 AUTHORIZATION : Spelle such					
	COST LIMIT : \$35.00					
ORDER DATE : Se	ptember 14, 2021					
ORDER TIME : 2	:24 PM					
ORDER NO. : 99	8168-157					
CUSTOMER NO:	8352393					
CHANGE OF AGENT						
NAME:	MATCO TOOLS CORPORATION					
CERTIFIE						
XX PLAIN ST	AMPED COPY					

EXAMINER'S INITIALS:

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

statement of cha	mge is sub	mitted for a corporation of	organized under the laws	of the State of _	Delaware	
	_	e its registered office or r	•	in the state of Fi	oriaa.	
1. The name of	the corpor	ation: MATCO TOOLS C	URPURATION			
2. The principal	office add	tress: 5420 Wade Park Bo	oulevard, Raleigh, NC 2	7607		
3. The mailing a	ıddress (if	different): c/o DMA, PO I	Box 80600, Indianapolis,	, IN 46280		
		ualification: 05/10/1993		mber: <u>F930000</u>	002360	
		dress of the current registe State: (If resigned, enter re		office on file wit	h the	
	C T Cor	poration System				
	1200 Sc	outh Pine Island Road				
	Plantati	on, FL 33324		<u>_</u>		
6. The name and (if changed):	d street ad	dress of the new registered	i agent (if changed) and /	or registered off	ice	
	Corpora	tion Service Company				
	1201 Ha	lys Street			30.5	* 4 <u>*</u>
P.O. Box NOT acceptable						,ed
	Tallahas	ssee	FL :	32301	ER 2)
		egistered office and the scal.			m. ~ /	gent,
Such change was authorized by the	as authori he board,	zed by resolution duly ad or the corporation has bee	opted by its board of dire en notified in writing of	ectors or by an o the change.	officer so	ب <u>ر</u> 33
\\u	رح به	Whi	Jill Cilmi, Vice Pr	resident	, , ,	
7 9	re of an offic			or typed name and titl	le	
I further agree of my duties, and document is bei corporation has	to comply ad I am fai ing filed n s been noi	intment as registered age, with the provisions of all miliar with and accept the serely to reflect a change ified in writing of this chie Conspiration (l statutes relative to the l e obligation of my positi in the registered office o	proper and com	plete perform l'agent. Or i y confirm tha	iance if this it the
By: Cli M Lei			09/21/2021			
	nature of Rep	gistered Agent		Date		
If signing on be	half of an	entity:				
Ami M. Casper	, Asst. Vid	e President				
T	yped or Print	ed Name				

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