1/21/2020

Division of Corporations



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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

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tmail	Address:			

REGISTERED AGENT CHANGE LORD (MANUFACTURING) CORPORATION

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Pennsylvania or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: LORD (MANUFACTURING) CORPORATION
2. The principal	office address: 111 LORD DR. CARY, NC 27511
	
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: PA Document number: F96000002860
5. The name and	I street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)
	NICAL NEKVICEN INC
	1200 South Pine Island Road
•	Plantation, FL 33324
(if changed):	C T Corporation System C/O C T Corporation System, 1200 South Pine Island Road
	P.O. Box NOT acceptable
	Plantation, Florida 33324
as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical. as authorized by resolution duly adopted by its board of directors or by an officer so me board, or the corporation has been notified in writing of the change.
The same	ire of an officer or director Department of the Printed or typed name and title
I further agree i performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Bý:	poration System M Ho Done 01/21/2020 Dute
V If signing on be	half of an entity: James M. Halpin
72.	Assistant Secretary
'.	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2F045 (03/12)