🛴 From: Inzana Chris

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Tot

Division of Corporations Fax Number : (\$50)617-6380

From

Account Number : SIMGLETILE TECHNOLOGIES
Account Number : 120220000019
Phone | Geo()391-9869
(400)391-9869 Phone Fax Number

""Enter the email address for this business entity to be used for future annual report mailings. Enter only one small address please.""

Email Address: supportfeinglefile.io

REGISTERED AGENT CHANGE ROBERTS WATER TECHNOLOGIES, INC.

Certificate of Status	<u> </u>
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	on organized under the laws of the State of Pennsylvania
	2 0 2	or registered agent, or both, in the State of Florida.
I. The name of	the corporation:ROBERTS WA	TER TECHNOLOGIES, INC.
2. The principal	l office address: 180 Water World	cs Road, Coatesville, PA. 19320
3. The mailing	address (if different): 22021 23r	d St. Extension, Ste. 950 Sharpsburg, PA. 15215-2301
4. Date of incor	poration/qualification: 06/18/19	96 Document number: F96000003063
5. The name an		gistered agent and registered office on file with the
	REGISTERED AGENT SOLUT	TIONS INC
	155 Office Plaza Dr., Suite A	
	Tallahassee, FL 32301	
6. The name an (if changed):		tered agent (if changed) and /or registered office
	300 Colonial Center Parkway, S	uite 100N
	Roswell, GA 30076	P.O. Box NOT acceptable
The street addr as changed wil	ess of its registered office and t	he street address of the business office of its registered agent.
Such change wauthorized by t	as authorized by resolution dul- the board, or the corporation has	y adopted by its board of directors or by an officer so seen notified in writing of the change.
/s/Charles M	adden	Charles Madden, CFO
-	ure of an officer or director	Printed or typed name and title
l further agree of my duties, ai document is be	t the appointment as registered to comply with the provisions on all amiliar with and accepting filed merely to reflect a chass been notified in writing of this	agent and agree to act in this capacity. If all statutes relative to the proper and complete performance t the obligation of my position as registered agent. Or, if thi nge in the registered office address, I hereby confirm that the s change.
Bie	e Hame	March 22, 2022
Si	gnature of Registered Agent	Date
If signing on b	chalf of an entity:	
Bill Havre, Assi	ist. Secretary	
1	Typed or Printed Name	_
	*** CH	INC FFF: \$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)