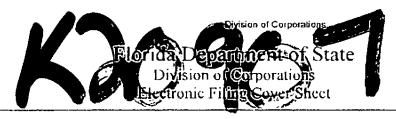
11/15/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

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: (850)617-6380

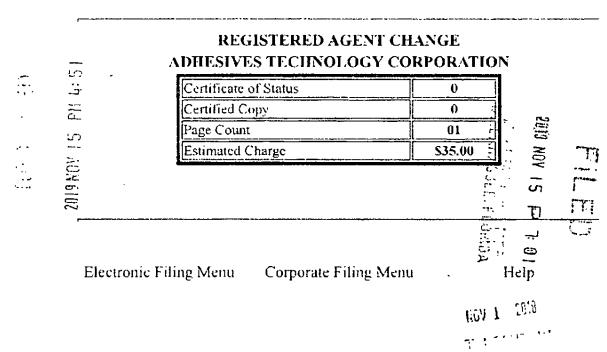
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 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:____



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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation orga ir to change its registered office or regis	mized under the laws of the State	of Florida
	the corporation: ADHESIVES TECHNOL	·	
2. The principal	office address: 450 EAST COPANS RD	POMPANO BEACH, FL 33064	
3. The mailing a	nddress (if different): c/o Meridian Adhesi	ves Group Inc., 800 College Drive,	, Dalton, GA 30722
4. Date of incorp	poration/qualification: 04/13/1988	Document number: K209)07
	I street address of the current registered atment of State: (If resigned, enter resign	-	te with the
	MCINTYRE, R. HART		
	450 EAST COPANS RD		
	POMPANO BEACH, FL 33064		
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and /or registere	d office
	CT Corporation System		
	e/o C T Corporation System, 1200 South	Pine Island Road	
	P.O Box NOT acceptable		
	Plantation, Florida 33324		- 5
The street address changed will	ess of its registered office and the street be identical.	address of the business office	of its registered agent,
Such change wa	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by otified in writing of the change.	an officer so
Q_{ℓ}	2	John Knudsen, Vice President o	
I further agrée performance of agent. Or, if th hereby confirm	the appointment as registered agent an to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to ref that the corporation has been notified	tutes relative to the proper and accept the obligation of my post lect a change in the registered o	complete ition as registered
Ву:	Jan M. Hu)	11/14/1	9
If signing on be	chalf of an entity: Image M. Halpin Institute Secretary Insped or Printed Name	Date	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)