Division of Corporations

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Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

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LLC REGISTERED AGENT CHANGE THE SPECIALTY SWITCH COMPANY, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: The Specialty Sw	vitch Co		
2. (a)			(b)	uct Industries Ltd.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Youngstown, Ohio 44512		4575 Blai	kie Road
		_	London, (Ontario N6L 1P8 Canada
	04/22/2014		L14000065	6600
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Cogency Global Inc.			
- (u)	Registered Agent and Registered Office shown on the records of 115 North Calhoun Street	the Flor	ida Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	_
	Suite 4			202
	Taliahassee	32301		2023 (3.)
	, rı	·		
(b)	John W. Hilbert II			.
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	
	17056 Marina Cove Lane			<u>ယ</u> ယ
	NEW Registered Office Address:			- 6
	Fort Myers FI	33908		_
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the registe ability of the li	e State of Flored office an company, it i mited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Jeff Hansen	Je	ffrey L. Hanse	n, CEO
_	ture of mother or authorized representative of a member			Printed or typed name of signee
provisi he obl lo mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete ligations of my position as registered agent as provided ly reflect a change in the registered office address, I have been address, I have been a change.	ee to ac perform I for in sereby	ct in this cap nance of my Chapter 603 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Signatu	of Registered Agent			
(Division of Cornerationse P.O. F	30¥ 63°	7a Tallaha	**** WI 37314

FILING FEE: \$25.00

INHS18 (2/14)