M11000005217

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

;

Office Use Only



400418013884

2023 OCT 27 AM II: 37

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT N	0. :	12000000	195						
REFEREN	CE :	084403	8429838						
AUTHORIZATI	ON :	Lynelle	Cenan	ı					
COST LIM	IT :	\$ 25.00							
ORDER DATE : October 23, 2	023			, , , , , , , , , , , , , , , , , , , ,					
ORDER TIME : 8:55 AM									
ORDER NO. : 084403-087									
CUSTOMER NO: 8429838									
				. 					
CHANGE OF AGENT									
NAME: CHROMALLOY LLC	MATER	IAL SOLUTI	ONS						
PLEASE RETURN THE FOLLOWING	AS PRO	OOF OF FIL	ING:						
CERTIFIED COPY PLAIN STAMPED COPY									
CONTACT PERSON: Eyliena Ba	ker								
	EXAMI	NER'S INIT	TALS:						

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	Same of the limited liability company: CHROMALLO	Y MATER	RIAL SOLUT	IONS LLC	_	•	
)						
2 . (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u> </u>	Mailing address of (Note: MAY)	of limited l	iability o	company:
	3600 NW 54TH STREET		4100 RCA	Boulevard S	uite 100		
	FT. LAUDERDALE, FL 33309		Palm Bead	ach Gardens, FL 33410			
	10/18/2011		M11000005	5217			
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
5. (a)						
(-	Registered Agent and Registered Office shown on the records o C T CORPORATION SYSTEM	f the Flörid	a Dept. of State	::			
	Registered Office Address (MUST BE FLORIDA STREET	•					
	1200 SOUTH PINE ISLAND ROAD						
	PLANTATION	L_33324			7.	2(
				•	ĂLLĂ	2023 OCT 27	 ,
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office ad	idress:		AHASSEE, FLORID	CT	<u> </u>
			······································		200		
	Corporation Service Company				ىد ->رىيا	AH 11: 37	
	NEW Registered Office Address:		-		10F	=	U
	1201 Hays Street	_			37		
	Tallahassee F	L_32301					
chang agent was/w the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited by the case of a Florida limited by the case of the members of organization or the operating agreement of the	e register iability co of the lin	ed office and empany, it is sited liability	the business hereby confi company or	office of rmed tha	f the reg t the ch	gistered nange(s)
	ature of a member or authorized representative of a member	Jill		rized Person			
				Printed or typed		•	
provis the ob to met	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I ded in writing of this change.	ree to act e performed for in (hereby co	in this capa ance of my d Thapter 605, onfirm that th	city. I furthe. luties, and I a F.S. Or, if the he limited liad	r agree to m familio his docum bility con	o comp ar with nent is npany i	ly with the and accept being filed has heen
Signat Grac	ure of Registered Agent e E. Kirby, Asst. Vice President						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00