M12000001176

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	#)	
PiCK-UP	WAIT	MAIL	
(Bu	isiness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			



Office Use Only



200267693962

15 FEB 19 AM 10: 59

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

Ciphio Horhe

DATE:

2/19/2015

NAME:

CONTECH ENGINEERED SOLUTIONS LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

Pursuant to the provisions of sections 605.0114, 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.

I. Name of the limited liability company: CONTECH E	NGINEERED SOLUTION	ONS LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 9025 CENTRE POINTE DRIVE	E, #400
(Note: MOST BE STREET ADDRESS)	WEST CHESTER, OH 45069	
(b) Mailing address of limited liability company:	9025 CENTRE POINTE DRIVE, #400	
(Note: MAY BE POST OFFICE BOX)	WEST CHESTER, OH 45069	- 13 A
March 1, 2012	M12000001176	15 FEB
3. Date of filing/registration in Florida	4. Document number	19
5. (a) Registered Agent and Registered Office shown on	the records of the Florida I	
Registered Agent:	C T Corporation System	Dept. of State: 3
Registered Office Address:	1200 South Pine Island Road	· 6
	Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	National Corporate Resea	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive	. , , , , , , , , , , , , , , , , , , ,
MOST DE LEONIDA OTREET ABORESS	Tallahassea	,FL_32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the tical. Or, in the case of a Fl) was/were authorized by ar	registered office lorida limited n affirmative vote of
Ryan M. Bednarczuk		
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 605, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity oper and complete perform sition as registered agent o rely reflect a change in the y has been notified in writi	n. I further agree to tance of my duties, as provided for in tregistered office ng of this change.
Signature of Registered Agent		

Signature of Registered Agent Sean Honan, Assistant Secretary

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

INHS18 (12/13)