## M17000002355

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115 N CALHOUN, ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	2/15/2023			
	Janelle Davis	_		
	1855394	_		
	АТОТЕ	CH USA, LLC		
Article	es of Incorporation/Authorization			
∐ Amer	ndment			
✓ Change of Agent				
Reinstatement				
☐ Conv	ersion			
☐ Merg	er			
☐ Dissolution/Withdrawal				
Fictitious Name				
Other				
Authorized A	Amount: \$25.00			
Signature:				

F: 800.944.6607

## 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.	Name of the limited liability company: ATOTECH	USA, LLC	
2. (a			Mailing address of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> )		(Note: MAY BE POST OFFICE BON)
	No Change	N	o Change
	March 20, 2017		M17000002355
3.	Date of filing/registration in Florida	4.	Document number
5. (	a) C T CORPORATION SYSTEM		
J. (	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	PLANTATION, FI	33324	——————————————————————————————————————
(t	COGENCY GLOBAL INC.		 
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	<u>ss:</u> , <u>:=</u>
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		77
	Tallahassee , FI	32301	<del></del>
the cagen was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	ws of the Sta f the register iability comp of the limited	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
/s	/ Eve Powars-Bahr		Eve Powars-Bahr
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee
prov the o to me notif	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I led in writing of this change.	ree to act in e performance ed for in Cha hereby confi	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
/s/ l	Michael Carlisle		

Signature of Registered Agent