

M18 000002320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500432505185

FILED

2024 AUG 12 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 AUG 12 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/12/2024
Acc#I20160000072

en: c SW

Name:	General Dynamics Motion Control, LLC
Document #:	
Order #:	15797314

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notificatio

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENERAL DYNAMICS MOTION CONTROL, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

C T Corporation System

Firm/Company

1200 South Pine Island Road

Address

Plantation, FL 33324

City/State and Zip Code

CLS-CTARMSEVIDENCE@WOLTERSKLUWER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ()

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**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: GENERAL DYNAMICS MOTION CONTROL, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

100 Carillon Parkway
St. Petersburg, FL 33716

100 Carillon Parkway
St. Petersburg, FL 33716

03/05/2018

M18000002320

3. Date of filing/registration in Florida 4. Document number

5. (a) Caroline Keller
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

100 Carillon Parkway

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. Petersburg, FL 333716

C T Corporation System

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:


NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

FILED
2024 AUG 12 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Larry Lohman, Vice President & Secretary
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System


Signature of Registered Agent

Judith Argao, Asst. Secy.

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