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(((1124000067021-3)))



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Division of Corporations

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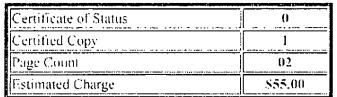
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000300023 : (614)280-3338 Phone Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:					
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LLC REGISTERED AGENT CHANGE MANUFACTURED TECHNOLOGIES CO., LLC



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Corporate Filing Menu-

Help

K. SALY FEB 19 2024 To:

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: MANUFACTU	RED TECHNOLOGII	ES CO., LLC		
2. (a)	580 GODDARD AVENUE	(b) 580 GODDARD AVENUE			
	Principal office address of limited hability company (<u>Note: MUST BE STREET ADDRESS</u>)		Mading address of limited liability company (Note: MAY RE POST OFFICE BOX)		
	CHESTERFIELD, MO 63005	CHESTERFIELD, MO 63005			
	11/01/2019	M1900001	0753		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of E201 HAYS STREET Registered Office Address - <u>(MUST BE FLORIDA STREET</u>	TILEL PH 4: 23 MALLAHASSES FLORIDI			
	TALLAHASSEE, F	L 32301	- CARRELIO		
	C T Corporation System				
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	4: 23		
	NEW Registered Office Address		_		
	1200 South Pine Island Road		_		
	Plantation . FI	£ 33324			
the cha agent was/w	simited liability company is not organized under the latinge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered officiability company, it of the fimited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
Sign	rs/Daniel P. Schoenekase sture of a member or authorized representative of a member	DANIEL P. SC	Printed or typed name of signee		
I here provis the ob- to mer notifie By:	hy accept the appointment as registered agent and agins of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change. C.T. Corporation System HE FOLEN SCHIPPY ne of Registered Agent	e performance of mi ed for in Chapter 66 hereby confirm that	pacity. I firether navee to comply with the		

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