Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

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LLC REGISTERED AGENT CHANGE MANUFACTURING TECHNICAL SOLUTIONS, LLC

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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

I. Na	ame of the limited liability company: Mai	nufacturing Te	chnical Solutions, LLC	
2. (a)		•	(b)	
3.	03/02/2022 Date of filing/registration in Florid		200003446 Document number	
5. (a)	CT CORPORATION SYSTEM Registered Agent and Registered Office shown on the 1200 SOUTH PINE ISLAND R Registered Office Address (MUST BE FLORID)	of State:		
(b)	PLANTATION Northwest Registered Agent and/or NEW 7901 4th St N	FILED 2021 SEP -6 AM 9. SECRETALLATIAS SEE, F		
	NEW Registered Office Address: STE 300 St. Petersburg	, _{FL} 33702	9: 55 STATE	
the chi agent was/w the art	limited liability company is not organized un	der the laws of the State address of the registered limited liability companimembers of the limited liability	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.	
I here provis the obto mer	by accept the appointment as registered age ions of all statutes relative to the proper and ligations of my position as registered agent of the reflect a change in the registered office of the writing of this change.	ent and agree to act in thi	s capacity. I further agree to comply with the fragment of significant from the fragment of the fragment is being filed that the limited liability company has been	

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

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