

May 000009340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

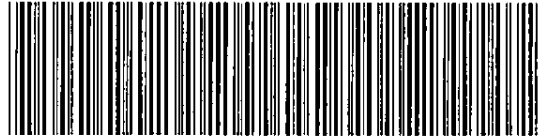
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 26 2024

Office Use Only



200431384012

RECEIVED

2024 JUL 25 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUL 26 PM 1:40



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com
Ext: x61563
Date: 07/25/24
Order #: 1576104-1
Re: Dynamic Sealing Technologies LLC
Processing Method: In-House

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.0- FL State Account Number: 1200000000195

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the account number.

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dynamic Sealing Technologies LLC
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Jodice

Name of Contact Person

Kadant Inc.

Firm/Company

1 Technology Park Drive

Address

Wesford MA 01886

City/State and Zip Code

amy.jodice@kadant.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Dynamic Sealing Technologies 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)

13829 JAY ST. NW, ANDOVER, MN 55304

M24000009340

3. _____ Date of filing/registration in Florida

4. _____ Document number

5. (a) CAPITOL CORPORATE SERVICES, INC.

515 E. PARK AVE., 2ND FL

Records of the Florida Dept. of State:

TALLAHASSEE, FL 32301

(Note: STREET ADDRESS)

_____, FL _____

(b) Corporation Service Company

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

NEW Registered Office Address:

- 1201 Hays Street

- Tallahassee, FL 32301, 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.

Shauna Krause
Signature of a member of the limited liability company or representative of a member

Stacy D. Krause

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

Shauna Godbolt
Signature of Registered Agent

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