Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Fax Number

: (850)878-5368

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

REGISTERED AGENT CHANGE HAYNES CORPORATION

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COVER LETTER

TO: Am Div	nendment Section vision of Corporations			
SUBJECT	Haynes Corporation	oration		
DOCUME	NT NUMBER:			
The enclose	ed Statement of Change of Registered Office/A	gent and fee are submitted for filing.		
Please retui	rn all correspondence concerning this matter to	the following:		
	Diane Eakin			
	Name of Contac	t Person		
Progress Rail Services Corporation				
	Firm/Comp	any		
	PO Box 1037			
	Address			
	Albertville, AL 35950			
	City/State and 2	Cip Code		
	Eakin_Diane@cat.com			
	E-mail address: (to be used for future	e annual report notification)		
For further i	information concerning this matter, please call:			
Diane Eakir		256 505-6555		
	Name of Contact Person	t () Area Code & Daytime Telephone Number		
Enclosed is	a \$35.00 check made payable to the Departmen	nt of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statute statement of change is submitted for a corporation organized under the laws of the State of Florida.	
In order to change its registered office or registered agent, or both, in the State of Florida	
1. The name of the corporation: Haynes Corporation	
2. The principal office address: 1600 Progress Drive	
Afbertville, AL 35950	
3. The mailing address (if different): PO Box 1037 Albertville, AL 35950	
4. Date of incorporation/qualification: 06/09/2000 Document number: P00000055974	
5. The name and street address of the current registered agent and registered office on filewith the Florida Department of State: (If resigned, enter resigned)	20 NOV 20
Clary, Mary Beth M	. 2
9131 Strada Place, Third Floor	
Naples, FL 34108-2683	PH 12: 53
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	S. S
C T Corporation System	
C T Corporation System, 1200 South Pine Island Road	
P.O. Box NOT acceptable	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its regist as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.	so
Jonathan G. Newman / Senior Vice Pre	sident
Printed or typed name and title Where the appointment as registered agent and agree to act in this capacity. If 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 obligation of my position as registered. Or, if this document is being filed merely to reflect a change in the registered office addresses the confirm that the corporation has been notified in writing of this change.	istered ess, I
C T Corporation System By: Comin Burns 11/20/2015 Signature of Registered Agent Date	
By: Come Bura 11/20/2015 Signature of Registered Agent Date	
f signing on behalf of an entity:	
Conde (1)	
Typed or Printed Name * * * FILING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)