Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

NRI

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086
Phone : (561)508-5033
Fax Number : (561)694-1639

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

Email	Address:			

REGISTERED AGENT CHANGE
KAMAN INDUSTRIAL TECHNOLOGIES CORPORATION

 Certificate of Status
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 Estimated Charge
 \$35.00

4 1- ADH 6

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Corporate Filing Menu



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

statement of cha	mge is submitted for a corporation organ	72, 607.1508, or 617.1508, Florida Statute nized under the laws of the State of ered agent, or both, in the State of Florida			
1. The name of	the corporation: Kaman Industria	al Technologies Corporation			
2. The principal	office address: 1 VISION WAY,	BLOOMFIELD, CT 06002			
3. The mailing a	eddress (if different):			<u> </u>	
4. Date of incorp	poration/qualification: 11/20/1984	Document number: P04117			
5. The name and Florida Depar	t street address of the current registered a timent of State: (If resigned, enter resigned	agent and registered office on file with the			
	CT CORPORATION SYS	TEM	53		
	1200 S. PINE ISLAND RC	DAD	2016 NOV - 1	ı •	
	PLANTATION, FL 33324		AND E	FILED B	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	United Agent Group Inc.			က ထဲ	
	11380 Prosperity Farms R			ယ	
	33410				
The street addre		address of the business office of its regist	tered agent,		
Such change was authorized by th	s suthorized by resolution duly adopted to board, or the corporation has been no	by its board of directors or by an officer tilled in writing of the change.	so		
NiD	co of an officer or director	Natasha Duke, Attorney-in			
I hereby accept I further agree t performance of	the appointment as registered agent an to comply with the provisions of all state my duties, and I am familiar with and a	d agree to act in this capacity, utes relative to the proper and complete ccept the obligation of my position as reg ect a change in the registered office addr n writing of this change.	zistered ess, I		
N.D	whe.	11/01/2016			
_	nature of Registered Agent	Date			
	half of an entity:				
	uke, Special Secretary				

\* \* \* FILING FEE: \$35.00 \* \* \*