P11000041801

(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 AUG 12 2025				

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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

D	ate:	08/11/2025	- 4: CDW
		Acc#I20160000072	and the second
Name:	RENCO USA	A, INC.	
Document #:			
Order #:	16463818		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	43.75	

Thank you!

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

statement of ch	hange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.	this			
i. The name o	Othe corporation: Renco USA, Inc.					
2. The princip	1. The name of the corporation: Renco USA, Inc. 2. The principal office address: 15501 PARK OF COMMERCE BOULEVARD, SUITE 900, JUPITER, FL 33478					
3. The mailing	g address (if different):					
4. Date of inco	orporation/qualification: 05/16/2011	Document number: P11000046801				
5. The name a		red agent and registered office on file with the				
	NRAI Services, Inc					
	515 E Park Ave					
	Tallahassee, FL 32301					
6. The name a (if changed		l agent (if changed) and /or registered office	2025 AUG			
	1200 South Pine Island Road					
		O Box NOT acceptable				
	Plantation, Florida 33324		## G:			
The street add	dress of its registered office and the s ill be identical.	areet address of the business office of its regist	ercd agent			
Such change authorized by	was authorized by resolution duly ad the board, or the corporation has be	opted by its board of directors or by an officer en notified in writing of the change.	so			
/s/VEDAT	KALKUZ	VEDAT KALKUZ. CFO				
Sign	nature of an officer or director	Printed or typed name and title				
C T Corporat	ion System		erformanc Or if thi irm that th			
	Signature of Registered Agent	08/06/2025				
	behalf of an entity:					
SEAN L. EM	ERICK, ASSISTANT SECRETARY Topad or Printed Name					
	Typed or Printed Name * * * F11 18	G FEE: \$35.00 * * *				
	CILIEN	TELEVISION CONTRACTOR				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

By: