

	Division of Co Fax Number	: (850)617-6380	25	α	:
From:			- 11-	AH	: (
	Account Name	: SHUMAKER, LOOP & KENDRICK LLP	•	ë	
	Account Number	: 075500004387	근고	S	
	Phone	: (813)229-7600		S	
	Fax Number	: (813)229-1660			

Email Address: ____ihilbert@shumaker.com__

REGISTERED AGENT CHANGE CANDUCT HOLDINGS USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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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 Statutes, this 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: <u>Canduct Holdings USA</u>, Inc.

2. The principal office address: 525 McClurg Road, Youngstown, Ohio 44512

3. The mailing address (if different):	c/o Canduct Industries Ltd.,	4575 Blakic Road, London	, Ontario N6L-1P8
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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cogency Global Inc.

	115 North Calhoun Street, Suite 4	Ċ.	20	
	Tallahassee, Florida 32301		2023 JUN - 8	<u>.</u>
 The name and (if changed): 	nd street address of the new registered agent (if changed) and /or registered office			ະສະສ ານແສ ໄ ເສັສງ
	John W. Hilbert II	· / · ·	AH	181 181
	17056 Marina Cove Lane	<u>-</u> 77	8: 5	·
	P.O. Box NOT acceptable		വ	
	Fort Myers, Florida 33908			

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jeffrey L. Hansen, CEO

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agen

If signing on behalf of an entity:

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 (04/13)

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