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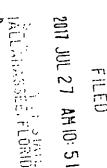
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C. GOLDEN AUG - 3 2017



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes anthony.holmes@cscqlobal.com

Date: July 25, 2017

Order#: 739525/015

Re: TRATECH ABRASIVES CORP.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn:Anthony Holmes c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

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

statement of cha	inge is submitte	ctions 607.0502, 617.0 d for a corporation org registered office or reg	ganized under the la	ws of the State of F	LORIDA		
1. The name of	the corporation:	TRATECH ABRASIV	ES CORP.				
2. The principal	office address:	1002 EAST NEWPO	RT CENTER DRIVE	E, SUITE 200			
	D BEACH, FL 3		1				
3. The mailing a	address (if differ	rent):			<u>.</u>		
4. Date of incorporation/qualification: 06/17/2016 Document number: P16000052223							
		of the current registere (If resigned, enter resi	•	ed office on file wit	h the		
	COHEN, BRA	ADLEY			ei.		
1002 E NEWPORT CENTER DR #200					V. S. C.	2017	
	DEERFIELD	BEACH, FL 33442			2: 3:	JUL.	
6. The name and (if changed):	I street address	of the new registered a	agent (if changed) ar	nd /or registered offi	ice ice	2017 JUL 27 AM 10:	FILED
	Corporation S	ervice Company			022	:0 5	
	1201 Hays Sti	reet			D^ }>		
P.O. Box NOT acceptable							
	Tallahassee		FL_	32301			
The street address changed will	ess of its registe be identical.	cred office and the str	ect address of the bi	usiness office of its	registered	agent,	
Such change we authorized by the	as authorized by ne board, or the	y resolution duly ador corporation has been			fficer so		
	/			COHEN			
I hereby accept I further agree performance of agent. Or, if th hereby confirm Corporation	to comply with my duties, and is document is	nt as registered agent the provisions of all s I am familiar with an being filed merely to i ration has been notifie	and agree to act in tatutes relative to in tad accept the obliga reflect a change in t ed in writing of this	he proper and comp tion of my position the registered office change.	olete as register	ęd	
By: 人人公	nature of Registered	Agent	07/25/	/2017 Date			
If signing on bo							
Grace E. Kirby	, Asst. Vice Pre	sident					
Ţ	'yped or Printed Nam						
		* * * 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)