Page 1 of 1



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(((H14000257201 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCACOOO00023 : (850)222-1092 Phone Fax Number : (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE TRI-DIM FILTER CORPORATION

Certificate of Status	0
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Corporate Filing Menu

Help

TO: Amendment Section

COVER LETTER

DIVISION OF	Corporations	
TRI-DI	IM FILTER CORPORATION	
SUBJECT:	Name of Co	rporation
DOCUMENT NUM	P17925	
The enclosed Staten	nent of Change of Registered Office	/Agent and fee are submitted for filing.
Please return all cor	respondence concerning this matter	to the following:
	ariscla Otivas-Perez	
(VI		
	Name of Con	tact Person
•	Tri-Dim Filter Corporation	•
-	Firm/Co	mpany
93	Industrial Dr	
_	Addr	ESS
	Louisa, VA 23093	
-	City/State and	Zip Code
m.	.olivas-perez@tridim.com	
コ	E-mail address: (to be used for fu	ture annual report notification)
		·
For further informat	ion concerning this matter, please ca	all:
Nam	e of Contact Person	Area Code & Daytime Telephone Number
· ·	o o. Comao, 1 (1901)	Their code of Daythile Telephone Number
Enclosed is a \$35.00	check made payable to the Departr	nent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of change is subr	nisted for a corporation org	0502, 607, 1508, or 617, 1508, Florida Statutes, this ganized under the laws of the State of DE	
		istered agent, or both, in the State of Florida.	
I. The name of the corpora	tion:	14. 2202	
2. The principal office add			
3. The mailing address (if o			
4. Date of incorporation/qu	alification; 02/08/1988	Document number: P17925	
	ress of the current registere tate: (If resigned, enter resigned	ed agent and registered office on file with the gned)	
CORPOR	ATION SERVICE COMPAN	IY	
120) HAY	'S STREET		
TALLAH	ASSEE, FL 32301		TAG
6. The name and street add (if changed):	ress of the new registered a	agent (if changed) and /or registered office	SECRETARY I
С Т Согра	ration System		SSE SSE
c/o C T Co	proporation System, 1200 Sout	h Pine Island Road	<u>-</u>
Plantation	РО Вох) Florida 33324	NOT acceptable	STATE LORID,
The street address of its re as changed will be identic	gistered office and the stre	eet address of the business office of its registered	
		oted by its board of directors or by an officer so notified in writing of the change.	
Dafe By		Danijela Byers, authorized person	
Signature of an officer		Printed or typed name and title	
I hereby accept the appoin I further agree to comply performance of my duties, agent. Or, if this documer hereby confirm that the ca	ilment as registered agent with the provisions of all s and I am familiar with an it is being filed merely to r rporation has been notifie	and agree to act in this capacity. tatules relative to the proper and complete d accept the obligation of my position as registere reflect a change in the registered office address, I d in writing of this change.	ed
C T Corporation Sy: By:	stem	11/03/2014	
Signature of Regi	itered Agent	Date	
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 (03/12)