

7/2/2019

Division of Corporations

da Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email Address:

REGISTERED AGENT CHANGE

MS TECHNIK ENGINEERING & SOLUTIONS USA INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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C Kiuzei Helb 7117 -3 5018

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

statement of ci	lange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Floride ration organized under the laws of the State of	f Flonda
		ice or registered agent, or both, in the State of	f Florida.
1. The name o	f the corporation: MS Technik I	Engineering & Solutions USA Inc.	
2. The principa	al office address: 16155 SW 117	TH AVE, UNIT B1 MIAMI, FL 33177	
3. The mailing	address (if different): 16155 SW	V 117TH AVE, UNIT B1 MIAMI, FL 33177	
4. Date of inco	orporation/qualification: 06/28/1	Document number: P18000	0057489
	nd street address of the current artment of State: (If resigned, e	registered agent and registered office on file venter resigned)	
	Alton North America Inc		TACE TACE
	444 Brickell Avenue		2019 JUL -2 SECRETALAHA
•	Miami, FL 33131 US		AH T
6. The name a (if changed)	nd street address of the new reg	gistered agent (if changed) and /or registered o	الأسيادة بي
	Registered Agents Inc	c.	_
	7901 4th St N STE 300		
		P.O. Box NOT acceptable	_
	St. Petersburg FL 3370)2	_
The street add as changed wi	ress of its registered office and II be identical.	d the street address of the business office of	its registered agent.
Such change vauthorized by	vas authorized by resolution d the board, or the corporation h	uly adopted by its board of directors or by ar has been notified in writing of the change.	n officer so
Mario Da	uer	Mario Sauer	
I hereby accept further agree performance agree. Or, if t	nure of an officer or director of the appointment as registere e to comply with the provision, of my duties, and I am familiar his document is being filed me	Printed or typed name and t ed agent and agree to act in this capacity. s of all statutes relative to the proper and co with and accept the obligation of my position erely to reflect a change in the registered off on notified in writing of this change.	mplete on as registered
Bu H.	me	07/03/2019	
S	ignature of Registered Agent	Date	
If signing on b	pehalf of an entity:		
Bill Havre	4		
	Typed or Printed Name	TLING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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