Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000052832 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

To:

From:

: (850)617-6380

Account Name : URS AGENTS LLC

Account Number : I20150000127

: (800)567-4397

Fax Number

: (800)567-4398

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

Email Address: evidal@relant-automation.com

## REGISTERED AGENT CHANGE RELANT AUTOMATION INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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Help

From: Kimberly Rogers

(((H22000052832 3)))

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: RELANT AUTOMATION INC. Name of Corporation	_
DOCUMENT NUMBER: P18000085008	<del>_</del>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for	filing.
Please return all correspondence concerning this matter to the following:	
EDUARDO VIDAL ANTONIO	
Name of Contact Person	
RELANT AUTOMATION INC.	
Firm/Company	
755 W BIG BEAVER RD STE 2020	
Address	
TROY, MI 48084	
City/State and Zip Code	
evidal@relant-automation.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
URS Agents C/O Kanetha Bishop at (800 )567-4397	
URS Agents C/O Kanetha Bishop  Name of Contact Person  at (800 ) 567-4397  Area Code & Daytime Tel	ephone Number
Enclosed is a \$35.00 check made payable to the Department of State.	

Mailing Address: Amendment Section **Division of Corporations** 

P.O. Box 6327

Tallahassec, Fl. 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

(((H22000052832 3)))

From: Kimberly Rogers

## 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.	
I. The name of the corporation: RELANT AUTOMATION INC.	
2. The principal office address: 8316 HANLEY RD STE 5 TAMPA, FL 33634	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/09/2018 Document number: P18000085008	
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)	
GARCIA DE QUEVEDO, FRANCISCO	
8316 HANLEY RD STE S TAMPA, FL 33634	¢
TAMPA, FL 33634	4
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  URS AGENTS INC.	
URS AGENTS INC.	
3458 LAKESHORE DR	
P.O. Box NOT acceptable	
TALLAHASSEE, FL 32312	
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.	
Eduardo Vidal Antonio/Controls Manager	
Signature of an officer or director 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 Agent Date	
If signing on behalf of an entity:	
Kanetha Bishop, Asst Secretary	
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)