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T. LEMIEUX



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 408902 4700320

AUTHORIZATION ~

COST LIMIT

ORDER DATE: November 2, 2012

ORDER TIME : 12:39 PM

ORDER NO. : 408902-020

CUSTOMER NO: 4700320

CHANGE OF AGENT

NAME:

LHOIST NORTH AMERICA OF

TENNESSEE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or ange is submitted for a corporation organized under the d er to change its registered office or registered agent, or b	laws of the State of Tennesse		_
1. The name of	the corporation: LHOIST NORTH AMERICA OF	TENNESSEE, INC.		
	l office address: Lhoist North America of Tennessee, 3700		6107	
3. The mailing a	address (if different): P.O. Box 985004, Ft. Worth, T.	X 76185-5004	·	*************************************
4. Date of incorp	rporation/qualification: 12/20/1988 Documer	nt number: P22187		
	d street address of the current registered agent and registe artment of State:	ered office on file with the		
	CT Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324 US			
6. The name and (if changed):	d street address of the new registered agent (if changed) a	and/or registered office	12 萬	
	Corporation Service Company		MOV 28	1 [
	1201 Hays Street	(A) · · · · · · · · · · · · · · · · · · ·	то ОО	
	(P.O. Box NOT acceptable)	TS :	<u> </u>	[
	Tallahassee, FL 32301		cm ,.	
The street address changed will	ress of its registered office and the street address of the l be identical.	business office of its register	ed age	nt,
Such change wanthorized by the	vas authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing	of directors or by an officer s ig of the change.	0	
Kernett	KENNE	TH E. CURTISS,	VP	<u> </u>
I hereby accept I further agree of my duties, ar document is be corporation has Corporati	t the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to nd I am familiar with and accept the obligation of my p sing filed merely to reflect a change in the registered of is been notified in writing of this change. ion Service Company	in this capacity. the proper and complete per position as registered agent. Tice address, I hereby confiri	rforma Or, if n that	nce this the
~ ~ .		27-2012 (Date)		
	ehalf of an entity:	(pair)		
Sylvia Quepp	•			
	(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 (8/05)