

Division of Corporations

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P22503

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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

Email Address: _____

REGISTERED AGENT CHANGE
TRANEL INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2019 APR 11 A 8:37

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Corporate Filing Menu

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

Pursuant to the provisions of sections 607.0592, 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 New York in order to change its registered office or registered agent, or both, in the State of Florida

- 1. The name of the corporation: TRANEL INC.
2. The principal office address: 40 East 69th Street New York, NY 10021
3. The mailing address (if different): 40 East 69th Street New York, NY 10021

4. Date of incorporation/qualification: 01/10/1989 Document number: P22503

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)
Joseph E Maguire
1200 Corporate Center Way Suite 201
Wellington, FL 33414

6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
BlumbergExcelsior Corporate Services, Inc.
155 Office Plaza Drive 1st Floor
Tallahassee, FL 32301

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CORPORATION OFFICE
TALLAHASSEE, FLORIDA

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.

Jonathan P. Rosen
Signature of Officer or Director

Jonathan P. Rosen
Name of Officer or Director

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.

Zaina Hassan
Signature of Registered Agent

4/11/19

If signing on behalf of an entity:
Zaina Hassan
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)