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(((H22000213262 3)))



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To:

Division of Corporations

15129570210

Fax Number : (850)617-6380

from:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

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REGISTERED AGENT CHANGE TRANEL INC.

Certificate of Status	0
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A. BUTLER

PM	15129570210	→ 185061	76380		pg 2 of 3 H22000213262 3
COV	ER LETTER!	2			
TO:	Amendment Section Division of Corporations	;			
	TRANEL INC of Corporation JMENT NUMBER: P2250				
DOC	JMENT NUMBER:				
The er	iclosed Statement of Change of Re	gistered Office/Agi	ent and fee	e are submitted fo	r filing.
Please	return all correspondence concern	ing this matter to the	ne followir	ng:	
Jos	shua Murphy				
Name	of Contact Person				
Regist	ered Agent Solutions, Inc.				
Firm/C	Company				
	rate Center One, 5301 Southwest Pkw	y, Ste 400			
Addre					
	, Texas 78735				
City/S	tate and Zip Code				
E-mai	il address: (to be used for future	annual report not	ification)		_
For fu	nther information concerning this r	natter, please call:			
Jos	shua Murphy	at	(888) 705-7274	elephone Number
	Name of Contact Person		Area Co	de & Daytime Te	elephone Number
Enclos	sed is a \$35.00 check made payable	e to the Department	of State.		

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, 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)

15129570210

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

statement of cha	provisions of sections 607.0502, 61 ange is submitted for a corporation or er to change its registered office or r	organiz <mark>ed un</mark> der the la	iws of the State of _	New York		
1. The name of t	the corporation: TRANEL INC. office address: 40 E. 69TH S					
_	address (if different):					
4. Date of incoη	poration/qualification: 1/10/1989	Document	number: P2250	3		
	d street address of the current register rtment of State: (If resigned, enter re	~ -	red office on file wi	ith the		
	BLUMBERG EXCELSIOR (CORPORATE SE	RVICES, INC			
	155 OFFICE PLAZA DR	1 FL	OOR	2022 SEC		
	TALLAHASSEE	FL	32301	2022 JUN 21 SECRETARA TALLAHA	-	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.						
	155 Office Plaza Dr.	Suite A		- M 00		
	Tallahassee	P.O. Box NOT acceptable FL 3230)1	-		
The street address changed will	ess of its registered office and the s	street address of the b	usiness office of it	s registered agent,		
Such change wa authorized by the	as authorized by resolution duly ad he board, or the corporation has be	lopted by its board of en notified in writing	directors or by an of the change.	officer so		
	ne Robbins,	Jerome Rot	obins, Esq.	Authorized Pers	ion	
I further agree of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	l statutes relative to t e obligation of my no	he proper and con	aplete performance d agent. Or, if this by confirm that the	ı	
Hocken	zidt	06/20/202	2			
Sig	mature of Registered Agent		Date			
If signing on be	chalf of an entity:					
Mackenzie Hart,	Assistant Secretary					
T	yped or Printed Name					
	* * * FILIN	G 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)