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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 annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE **MUNTERS CORPORATION**

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TO:

Amendment Section Division of Corporations

SUBJECT: Munters Corporation							
Name of Cor	poration						
DOCUMEN	т _{NUMBER:} P33557						

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:

Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd. Suite 300	
Address	
Austin, Texas 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please of	call:
Mary Castillo	at (888 <u>)</u> 705-7274
Name of Contact Person	Area Code & Daytime Telephone 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 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)

1512,5,5216

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

statement of cha	provisions of sections 607.0 nge is submitted for a corpo r to change its registered of	oration organized	l under the la	ws of the State of Ne	ew York
1. The name of t	he corporation: Munter	s Corpora	tion		
2. The principal	office address: 79 MOI	VROE STI			
	ddress (if different):				
	poration/qualification: 4/1	2/1991	Document	number: P33557	7
5. The name and	street address of the current tment of State: (If resigned,	it registered agen			
	CORPORATION		VICE C	OMPANY	
	1201 HAYES ST	<u> </u>			20
	TALLAHASSEE		FL	32301	DED HAY 13
6. The name and (if changed):	I street address of the new re			_	
	155 Office Pla		Suite A		9.
	Tallahassee	P.O. Box NO	T acceptable 3230	D1	
The street addre	ess of its registered office a be identical.	and the street add	lress of the bu	isiness office of its re	egistered agent,
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	duly adopted by has been notifie	its board of ed in writing	directors or by an off of the change.	ficer so
Isl Mark Co	ellins	M_	ark Colli		ecretary
I hereby accept I further agree t of my duties, an document is bei	the appointment as registe to comply with the provision of I am familiar with and a ng filed merely to reflect a s been notified in writing of	red agent and a ons of all statutes ccept the obligat change in the ro f this change.		ted or typed name and title this capacity. te proper and comple sition as registered a re address, I hereby c	ete performance gent. Or, if this confirm that the
Hode	earzie Ht		05/13/20		
2/8	nature of Registered Agent			Date	
	half of an entity:				
	Assistant Secretary yped or Printed Name				
•		FILING FEE:	\$35.M * * *		
	MAKE CHECKE DAY			ENT OF STATE	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)