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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:

TR AUG 20 AH SELLAHASSEL

REGISTERED AGENT CHANGE NEW TECHNOLOGY PRECISION MACHINING CO., INC.

Certificate of Status	0
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RAPRICHS

AUG 2 1 2018

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

statement of change is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of	
1. The name of the corporation: NEW TECHN	OLOGY PRECISION MACHINING CO., INC.	
·		
3. The mailing address (if different):99 East River Drive_5th Floor_East Hartfe	ord, CT 06108	
4. Date of incorporation/qualification: 10/18	/1999 Document number: P99000092134	
	registered agent and registered office on file with the	
KATERYNA P LARSEN	KATERYNA P LARSEN	
6621 SE BROADMOOR LA	6621 SE BROADMOOR LANE	
STUART, FL 34997	KATERYNA P LARSEN 6621 SE BROADMOOR LANE STUART, FL 34997	
6. The name and street address of the new reg (if changed):	gistered agent (if changed) and /or registered office	
C T Corporation System	C T Corporation System	
c/o CT Corporation System, 1	200 South Pine Island Road	
	P.O Box NOT acceptable	
Plantation, Florida 33324	 	
The street address of its registered office and as changed will be identical.	d the street address of the business office of its registered agent,	
Such change was authorized by resolution dauthorized by the board, or the corporation by	uly adopted by its board of directors or by an officer so has been notified in writing of the change.	
Belance of director director	Patricia Belanger; Vice President Printed or typed name and tale	
I hereby accept the appointment as registere I further agree to comply with the provision	ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete with and accept the obligation of my position as registered wely to reflect a change in the registered office address, t	
By: C T Corporation System Signature of Registered Agent	A 8/20/2018	
•	O Date	
If signing on behalf of an entity:		
James Halpin; Assistant Secretary Typed or Printed Name		
•	ILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahasset, FL 32314 CR2E045 (03/12)