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11/16/2020

**Division of Corporations** 



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	Phone	: (614)280-3338	
From:			
	Fax Number	: (850)617-6380	
	Division of Co	rporations	
	To: From:	Division of Co Fax Number From: Account Name Account Number	Division of Corporations Fax Number : (850)617-6380 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA0000000023

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

Pursuant to the provisions of sections 607.0502, 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 <u>FL</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: <u>Hoerbiger Corporation of America</u>, Inc.

2. The principal office address: 3350 GATEWAY DR POMPANO BEACH, FL 33069

3. The mailing address (if different): 3350 GATEWAY DR ATTN: CONTROLLER POMPANO BEACH, FL 3306

4. Date of incorporation/qualification: 11/18/1999 \_\_\_\_ Document number: P99000101639

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enterresigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office . (if changed):

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

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Signature of an officer or director

Vatalle Pickens-Secretary	
Printed or typed name and title	

Date

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. Thereby confirm that the corporation has been notified in writing of this change.

08/05/2020

By:

Signature of Registered Ager

If signing on behalf of an entity:

Denise Bell Assistant Secretary

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 (04/13)