

FO3000002393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

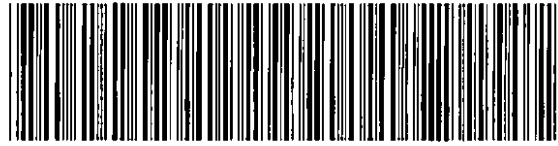
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
OCT 14 2023

Office Use Only



600416181526

09/25/23--01023--002 **35.00

23 SEP 25 AM 9:04

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOE MORTEN & SON, INC.
Name of Corporation

DOCUMENT NUMBER: F03000002393

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:

CRAIG A. POSSON
Name of Contact Person
JOE MORTEN & SON, INC.
Firm/Company
1100 WEST 29TH STREET
Address
SOUTH SIOUX CITY NE 68776
City/State and Zip Code

c.posson@gwccnet.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa K. Frigge at (402) 494-7803
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

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 Nebraska in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JOE MORTEN & SON, INC.
2. The principal office address: 1100 WEST 29TH STREET, SOUTH SIOUX CITY NE 68776

3. The mailing address (if different): PO BOX 277, SOUTH SIOUX CITY NE 68776

4. Date of incorporation/qualification: 05/09/2003 Document number: F03000002393

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)

DANIEL R. AIDIF
501 E. SOUTH STREET, SUITE A
ORLANDO FL 32801

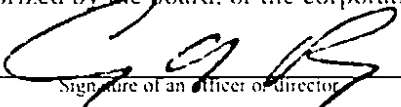
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301
P.O. Box NOT acceptable

23 SEP 25 AM 8:04

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.


Signature of an officer or director

CRAIG A. POSSON, SECRETARY
Printed or typed name and title

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.


Signature of Registered Agent

9-11-23
Date

If signing on behalf of an entity:
Jennifer M. Weeks for Corporation Service Company
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