Division of Corporations



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

: (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:

REGISTERED AGENT CHANGE AMERICAN AUGERS, INC.

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MAY 2 6 2020

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

statement of ch	uange is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida St rgamzed under the laws of the State of $\frac{D}{2}$ rgistered agent, or both, in the State of FI	DE	
1. The name of	Cthe corporation: AMERICAN AUGER	S, INC.		
1. The name of the corporation: AMERICAN AUGERS, INC. 2. The principal office address: 1959 W Fir Ave., Perry OK 73077				
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 03/04/2010	Document number: F10000001	1132	
	nd street address of the current register artment of State: (If resigned, enter res	red agent and registered office on file with signed)	h the	
	CORPORATION SERVICE COMPA	NY		
	1201 HAYS STREET		2628	
	TALLAHASSEE, FL 32301		MAY 2	
6. The name ar (ifchanged)	nd street address of the new registered:	agent (if changed) and /or registered office	SSECTION AND ADDRESS OF THE PARTY OF THE PAR	
	C T Corporation System		25. 19. 15.	
	c/o C T Corporation System, 1200 Sou	uth Pine Island Road	T G	
		NOT acceptable		
	Plantation, Florida 33324			
The street add as changed wi	ress of its registered office and the still be identical.	reet address of the business office of its	registered agent,	
Such change vauthorized by	vas authorized by resolution duly ado the board, or the corporation has been	opted by its board of directors or by an on notified in writing of the change.	fficer so	
An	New & March	Angela D. Snavely, Secretary		
I further agrée performance o agent. Or, if the hereby confirm	if my dútiés, and I am familiar with a	statutes relative to the proper and comp nd accept the obligation of my position o reflect a change in the registered office	olete as registered	
	gruiture of Registered Agont	Date		
If signing on b	pehalf of an entity:			
Tracy Kellner /	Asst. 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 (03/12)