## FIDOCOCOBLOTO

(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:					
HORNE WIN					
J. HORNE WAY 31 WAY					

Office Use Only



100428481181

FILED FILED FILE OF SECRETARING OF ST. 16

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE <u>:</u> 478826 844546

AUTHORIZATION

COST LIMIT 5 \$ 35.00

ORDER DATE : May 28, 2024

ORDER TIME : 12:57 PM

ORDER NO. : 478826-013

CUSTOMER NO: 8445468

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: KARCHER NORTH AMERICA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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

statement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org	ganized under the law	vs of the State of _	DE	his	_
	r to change its registered office or reg	•	h, in the Stat <b>e</b> of Fi	lorida.		
1. The name of t	he corporation: KARCHER NORTH A	MERICA, INC.	·			
	office address: er Way Aurora, CO 80019					<u> </u>
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 08/13/2010	Document r	number:F100000	003670		
	street address of the current registere tment of State: (If resigned, enter resigned)		d office on file wit	h the		
	C T Corporation System		<u>.</u>			
	1200 South Pine Island Road					
	Plantation, FL 33324					
6. The name and (if changed):	street address of the new registered a	gent (if changed) and	I /or registered offi	ice	2024 MAT	۳۱-
	Corporation Service Company				30	Ë
	1201 Hays Street					
	P.O.	Box NOT acceptable			:01 H	ι/
	Tallahassee	FL	32301	: -	<del></del>	
The street addre	ss of its registered office and the stre be identical.	eet address of the bu	siness office of its	register	ed ag	ent.
Such change wa authorized by th	is authorized by resolution duly adop the board, or the corporation has been	sted by its board of d notified in writing o	lirectors or by an of the change.	officer sc	)	
/S/ Christina Rapl		Christina Rap	I, Treasurer /Secr	etary		
Signatur	e of an officer or director	•	ed or typed name and titl	•		
I further agree t of my duties, an document is bei corporation has	the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the c ng filed merely to reflect a change in been notified in writing of this chan n Service Company	tatutes relative to the obligation of my posi- the registered office	this capacity, e proper and com ition as registered e address, I hereb	plete per l'agent, i v Confirn	forme Or, if n that	ince this the
ву: 🛴	hace Cokuble	05/14/2024				
Sigi	nature of Registered Agent		Date			
If signing on be	half of an entity:					
GRACE E. KIRE	BY, ASST. VICE PRESIDENT					
ry	ped 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)