F13000004195

. (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:				

Office Use Only



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SECRETARY OF STATE

•-

C GOLDEN
JUL - 3 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 27, 2018

Order#: 277562-010

Re: NOREX, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporati	, 617.0302, 607.1308, or 617.1308, Florida S ion organized under the laws of the State of _ or registered agent, or both, in the State of F	Minnesota
		or registerea agent, or both, in the state of r	rioriaa.
 The name of t The principal 	the corporation: NOREX, INC. office address: 5505 Cottonwo	od Lane, Prior Lake, MN 55372	
3. The mailing a	ddress (if different):		
4. Date of incorporation/qualification: 09/30/2013 Document number: F1300			004195
	street address of the current reg tment of State: (If resigned, ente	gistered agent and registered office on file wi er resigned)	ith the
	C T Corporation		
	1200 South Pine Island Road		
	Plantation, FL 33324		2018 J SECR
6. The name and (if changed):	I street address of the new regist	ered agent (if changed) and /or registered off	UN 29 ETARY HASSER
	Corporation Service Company		AHII: 0 OF STATE OF LORID
	1201 Hays Street		I: 0 TATE ORID
		D. Box NOT acceptable	-
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the identical.	he street address of the business office of its	s registered agent,
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. CFO &			
Signatur	e of an officer or, director	Minhae (Helmg (Re)) Printed or typed whame und tille	Direction
I further agree to performance of agent. Or, if thi hereby confirm	the appointment as registered a o comply with the provisions of my duties, and I am familiar w s document is being filed mere	agent and agree to act in this capacity, fall statutes relative to the proper and com, ith and accept the obligation of my position by to reflect a change in the registered officantified in writing of this change.	plete as registered
By: Cli	Mey	06/27/2018	
	nature of Registered Agent	Date	
Ami M. Casper,	Asst. Vice President		
Tv	ped or Printed Name		

* * * FILING FEE: \$35.00 * * *