P04000163860

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
· PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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AUG 0 7 2018
I ALBRITTON



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: August 2, 2018

Order#: 316088/031

Re: KNAPHEIDE TRUCK EQUIPMENT COMPANY SOUTHEAST

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 Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Floria i organized under the laws of the State o registered agent, or both, in the State o	of Florida
1. The name of t	he corporation: KNAPHEIDE TRU	JCK EQUIPMENT COMPANY SOUTH	EAST
2. The principal	office address: 1848 Westphalia	Strasse, Quincy, IL 62305	
3. The mailing a	ddress (if different): P. O. Box 71	140. Quincy, IL 62305	
4. Date of incorp	poration/qualification: 12/06/2004	Document number: P0400	00163860
	street address of the current registment of State: (If resigned, enter	tered agent and registered office on file resigned)	with the
	NRAI Services, Inc		
1200 South Pine Island Road			
	Plantation	FL 33324	2018 AUG SECALLA TALLANIA
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered	officessar
	Corporation Service Company		
	1201 Hays Street		AHO: 9
		fox NOT acceptable	
	Tallahassee	FL 32301	_
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of	its registered agent.
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors or by a sen notified in writing of the change.	n officer so
$\times_{\kappa_{\mathbf{k}}}$	e 2 Gomi	Jill Cilmi, Vice President	
Rignitur	e of an officer or director	Printed or typed name and	title
I further agree to performance of t agent. Or, if thi, hereby confirm t	o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and ca and accept the obligation of my positi to reflect a change in the registered off ified in writing of this change.	on as registered
By: Cer	Mel	08/02/2018	
Sign	ature of Registered Agent	Date	
If signing on beh	nalf of an entity:		
Ami M. Casper.	Asst. Vice President		
Ty	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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