

P25/81

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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2023 SEP 29 AM 10:53  
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STATE OFFICE

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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
WELLS DAIRY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

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**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

P25181  
\_\_\_\_\_  
(Document number of corporation (if known))

1. WELLS DAIRY, INC.  
\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. IA 3. 07/10/1989  
\_\_\_\_\_  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 02/08/2011

5. Wells Enterprises, Inc. dba Wells Enterprises of Iowa, Inc.  
\_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.  
\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
\_\_\_\_\_  
(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent C T Corporation System  
\_\_\_\_\_  
1200 South Pine Island Road  
\_\_\_\_\_  
(Florida street address)

New Registered Office Address: Plantation, Florida 33324  
\_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**  
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Denise Bell Denise Bell, Assistant Secretary  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

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# IOWA

## SECRETARY OF STATE

### CERTIFICATE OF EXISTENCE

Issue Date: 9/19/2023

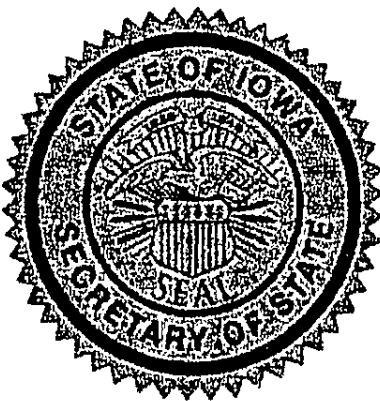
Name: WELLS ENTERPRISES, INC. (490 DP - 43322)

Date of Incorporation: 7/1/1977

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.
- e. Other facts of record requested by applicant will be on an attachment.



A handwritten signature in cursive script that reads "Paul D. Pate".

PAUL D. PATE SECRETARY OF STATE

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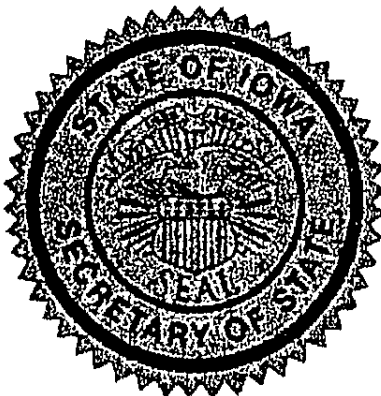
Issue Date: 9/19/2023

# IOWA

## SECRETARY OF STATE

Name: WELLS ENTERPRISES, INC. (490 DP - 43322)

e. I further certify that according to the records filed with the Iowa Secretary of State's office the above-named entity filed restated articles of incorporation on 02/08/2011, changing name from WELLS DAIRY, INC. to WELLS ENTERPRISES, INC. and changing various other articles.



A handwritten signature in black ink that reads "Paul D. Pate".

PAUL D. PATE SECRETARY OF STATE