P35316

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SECRETARY OF STATE

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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#: 316088-040

Re: THE KNAPHEIDE MFG. CO.

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 ch	provisions of sections 607.0502, 617 ange is submitted for a corporation o er to change its registered office or re	organized under the la	aws of the State of	/ Illinois	this	_
T. The name of	the corporation: THE KNAPHEIDE M	MFG. CO.				
	l office address: 1848 Westphalia St		2305			
3. The mailing a	address (if different): P.O. Box 7140), Quincy, IL 62305				
4. Date of incor	poration/qualification: 08/26/1991	Document	number: P35316	 5		
	d street address of the current register rtment of State: (If resigned, enter res		red office on file v	vith the		
	NRAI Services, Inc		····	_		
	Plantation	FL	33324		_	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):					2018 AUG -	<u> </u>
	Corporation Service Company				σ	I [T
	1201 Hays Street	NOT acceptable		- E	AH IO:	Ċ
	Tallahassee	FL	32301		(3) 10	
The street addreas changed will	ess of its registered office and the st	reet address of the bu	usiness office of i	- ts register	red age	ent,
Such change wa	as authorized by resolution duly ado he board, or the corporation has been	pted by its board of a n notified in writing	directors or by an of the change.	officer so)	
	ere of an officer or director	Jill Cilmi, Vice	President	via.		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notifi on Service Company	t and agree to act in statutes relative to the nd accept the obligat reflect a change in t ed in writing of this	this capacity. he proper and con- tion of my position	mplete m as regis	tered s. 1	
By: (Sig	mature of Registered Agent	08/02/2018	Date			_
If signing on be	half of an entity:					
Ami M. Casper	, Asst. Vice President					
	vped 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 * * *