

FOI 1000003058

Florida Department of State
Division of Corporations
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R. WHITE

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
ZERO ZONE, INC.

RECEIVED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Wisconsin in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: ZERO ZONE, INC.
- 2. The principal office address: 110 North Oakridge Drive, North Prairie, Wisconsin 53153
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 5/26/2004 Document number: F04000003058

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

VAN DER PLOEG, JACK
3610 CEDAR HAMMOCK CT., NAPLES, FL 34112

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Business Filings Incorporated
515 E. Park Avenue
P.O. Box NOT acceptable
Tallahassee, Florida 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

[Signature] John Deimstra, VP
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] 13th day of February, 2015
Signature of Registered Agent Date

If signing on behalf of an entity:

Mark Williams, AVP
Typed 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 (03/12)

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