821546

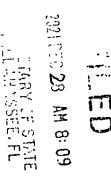
(R	equestor's Name)						
(Address)							
(Address)							
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PICK-UP	WAIT MAIL						
(Business Entity Name)							
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Y SULKER DEC 29 2021

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 351428 8358124							
AUTHORIZATION : Spelledena							
COST LIMIT : \$35-00							
ORDER DATE: December 27, 2021							
ORDER TIME : 12:57 PM							
ORDER NO. : 351428-010							
CUSTOMER NO: 8358124							
CHANGE OF AGENT							
NAME: CLARK EQUIPMENT COMPANY							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland							
EXAMINER'S INITIALS:							

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

statement of cha	nge is submitted	ctions 607.0502, 617.050. I for a corporation organ. egistered office or registe	ized under the lan	vs of the State of _	Delaware		
1. The name of t	he corporation:	CLARK EQUIPMENT CO	OMPANY				
2. The principal	GO, ND 58078	•					
		ent);					
4. Date of incorp	oration/qualific	ation: 06/13/1968	Document r	number: 821546			
		of the current registered as (If resigned, enter resigne		d office on file wi	th the		
	CT CORPOR	ATION SYSTEM			_		
	1200 S. PINE ISLAND ROAD						
	PLANTATION	Į	FL	33324			
6. The name and (if changed):	Corporation S	of the new registered ager ervice Company	nt (if changed) and	d /or registered off	ice PETTER		
	1201 Hays St		NOT acceptable				
	Tallahassee		FL	32301	100 mg		
The street addre	ess of its registe be identical.	red office and the street	address of the bu	siness office of it	s registered agent,		
Such change we authorized by the	is authorized by ne board, or the	resolution duly adopted corporation has been no	by its board of d tified in writing o	lirectors or by an of the change.	officer so		
Court	TUX		Courtney Fletch		Secretary		
77	re of an officer or dir			ed or lyped name and to			
corporation nas	the appointment to comply with a distributed in the comply with a distributed in the complete	nt as registered agent and the provisions of all state with and accept the obli- to reflect a change in the n writing of this change. mpany	d agree to act in des relative to th gation of my pos e registered offic	lins capacity. e proper and con ition as registered e address, I hereb	pplete performance d agent. Or, if this by confirm that the		
By: Drace Cokuble		12/06/20					
Sig	nature of Registered	Agent		Date			
If signing on be	half of an entity	/:					
Grace E. Kirby,	Asst. Vice Pres	ident					
T	yped or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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