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(Requestor's Name)
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XXRPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO.	:	120000000	195
REFERENCE	:	504662	8323218
AUTHORIZATION	:	Spret &	eman)
COST LIMIT	:	\$35.00	

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ORDER DATE : February 21, 2022

ORDER TIME : 2:01 PM

ORDER NO. : 504662-007

CUSTOMER NO: 8323218

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## CHANGE OF AGENT

NAME: RAM TOOL & SUPPLY CO., INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY XX\_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

## 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  $\_\_$ L in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RAM TOOL & SUPPLY, INC.

2. The principal office address: 3529 SOUTHEASTERN AVENUE, INDIANAPOLIS, IN 46203

3. The mailing address (if different):

4. Date of incorporation/qualification: 09/02/1970 Document number: 825064

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)

	MCGINN, RAYMOND						
	300 N. INDIANA AVENUE	Ξ			()	2022	
	ENGLEWOOD, FL 33533	3			TAL	2 FEB	-49
6. The name and (if changed):	street address of the new re	egistered agent (if change	ed) and	d /or registere	d office	22	
	Corporation Service Com	pany			۳ آبا ی آبا	YW 10:	
	1201 Hays Street					22	
		P.O. Box/NOT acceptab	le				
	Tallahassee		۴L	32301			

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 of arr officer or director

Jill Cilmi, Vice President

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. Thereby confirm that the corporation has been notified in writing of this change.

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By:	Drace Zetubie	
	Signature of Registered Agent	

02/22/2022

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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 (04/13)