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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: December 11, 2018

Order#: 482856-005

Re: HEULER TILE CO., INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Ashley Jiminez 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.

OUCA.XCOA

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

| statement of ch | ange is submitted for a corpor | 92, 617.0502, 607.1508, or 617.1508, Florida Statute ation organized under the laws of the State of <mark>Wiscor</mark> ce or registered agent, or both, in the State of Florida | nsin |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1. The name of | the corporation: HEULER TIL | E CO., INC. | |
| 2. The principa | office address: W237 N2872 | WOODGATE ROAD PEWAUKEE, WI 53072 | |
| 3. The mailing | address (if different): | | |
| 4. Date of incor | poration/qualification: 02/07/ | 1972 Document number: 827449 | |
| | d street address of the current rtment of State: (If resigned, c | registered agent and registered office on file with the nter resigned) | |
| | NRAI SERVICES, INC | | |
| | 1200 South Pine Island Rd | | |
| | Plantation | FL 33324 | |
| 6. The name an (if changed): | | istered agent (if changed) and /or registered office | |
| | Corporation Service Compa | · · | 2 20 20 20 20 20 20 20 20 20 20 20 20 20 |
| | 1201 Hays Street | | |
| | Tallahassee | P.O. Box NOT acceptable FL 32301 | |
| as changed will | l be identical. | the street address of the business office of its regist | i - |
| Such change w authorized by t | as authorized by resolution d he board, or the corporation b | lly adopted by its board of directors or by an officers as been notified in writing of the change. | 2 80 |
| X | ee E. agner | Jill Cilmi, Vice President | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | to comply with the provision: My duties, and I am familiar his document is being filed me | d agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as regrety to reflect a change in the registered office addra notified in writing of this change. | gistered ess, I |
| By: Dra | · Z-Kuble | 11/28/2018 | |
| | enature of Registerad Agent chalf of an entity: | Date | |
| Grace E. Kirby | , Asst. Vice President | | |
| · 1 | yped or Printed Name | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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