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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I2000000195
	REFERENCE	:	
	AUTHORIZATION	:	Compare man
	COST LIMIT	:	\$ 35.00
ORDER DATE :	July 25, 2024		
ORDER TIME :	3:40 PM		
ORDER NO. :	564127-013		
CUSTOMER NO:	8456487		
	<u>CHANGE OF A</u>	GEN	AH 9:08

NAME: THE BRAUN CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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

L. The name of the corporation: THE BRAUN CORPORATION OF INDIANA

2. The principal office address: 631 WEST 11TH STREET WINAMAC, IN 46996

3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 01/24/1978	Document n	number: <u>83</u>	9877		
	d street address of the current registered rtment of State: (If resigned, enter resigned)		d office on	file with th	he	
	CT Corporation System					
	1200 South Pine Island Road				~	
	Plantation	FL	33324		1.28	
6. The name and (if changed);	street address of the new registered ag	ent (if changed) and	/or register			
-	Corporation Service Company			SEF S	AM 9:	، ت: يصدر
	1201 Hays Street			TATE	80 :E	· 44 -
	P.O. Box_NOT acceptable					
	Tallahassee	FL	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.

/s/ Joshua Ruff	Joshua Ruff	Authorized Person
Signature of an officer or director	Printed or typed name a	ind 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. Corporation Service Company

By:	Drace 2-Kuble	
	Signature of Registered Agent	

08/01/2024

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)