

3/13/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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**REGISTERED AGENT CHANGE
DRW PARTNERSHIP, LLLP**

Certificate of Status	0
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K. SALY

MAR 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRW Partnership, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B13000000181

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jennifer Gronseth
Contact Person
Northern Tool & Equipment
Firm/Company
2800 Southcross Drive West
Address
Burnsville, MN 55337
City, State and Zip Code
jennifer.gronseth@northerntool.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Gronseth at (952) 41-2509
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. DRW Partnership, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. June 12, 2013 3. B13000000181
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Northern Tool & Equipment Co.
Name
14571 N Cleveland Ave
Address
Ft Myers Beach, FL 33903
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner Ryan Kotula

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 an accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent
Cristia Myers
Assistant Secretary

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
2017 MAR 16 AM 8:28
CLERK OF STATE
TALLAHASSEE, FLORIDA