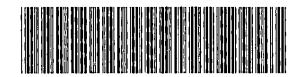
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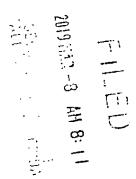
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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: Ami Casper ami.casper@cscglobal.com

Date: March 6, 2019

Order#: 672851-010

Re: CONSTRUCTION FORMS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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: Ami Casper 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.

QUCA.XCOA

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

statement of cha	inge is submitted for a c	07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this orporation organized under the laws of the State of Wisconsin doffice or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: CONS	TRUCTION FORMS, INC.	
2. The principal office address: 777 Maritime Drive, Port Washington, WI 53074-0308			
3. The mailing a	nddress (if different): 7	77 Maritime Drive, P.O. Box 308, Port Washington, WI 53074-0308	
4. Date of incorp	poration/qualification: _	01/24/2001 Document number: F01000000456	
	I street address of the cu tment of State: (If resig	rrent registered agent and registered office on file with the ned, enter resigned)	
	Dean Alder		
	1060 Winding Water C	ircle 23	
	Winter Springs, FL 32	708 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6. The name and (if changed):	I street address of the ne	w registered agent (if changed) and /or registered office	
	Corporation Service C	~	
	1201 Hays Street		
	Tollahagasa	PO Box NOF acceptable FL 32301	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered officibe identical.	ce and the street address of the business office of its registered agent.	
Such change wa authorized by th	ns authorized by resolut ne board, or the corpora	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.	
MA	re of an officer or director	TERRY K. SKEBBA, CFO.	
Thereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as reg to comply with the prov my duties, and I am far	istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete iniliar with and accept the obligation of my position as registered ad merely to reflect a change in the registered office address. I s from notified in writing of this change.	
By:	, M Lei	03/06/2019	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	, 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 CR2E045 (03/12)

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