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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	09/10/2024	
Name:	Patrice Rush	<u> </u>
Reference #:	2491623	<u> </u>
Entity Name:	וועם	NINCK, INC.
Article:	s of Incorporation/Authorization	n to Transact Business
Amend	dment	
Chang	e of Agent	
☐ Reinst	atement	
☐ Conve	rsion	
☐ Merge	r	
Dissolu	ution/Withdrawal	
Fictitio	us Name	
Other_		
Authorized Ar	mount: \$35.00	<del></del>
Signature:	(Pattle	

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

statement of cha	nge is submitted for a corport	92, 617.0302, 607.1308, or 617.1308, Fil ation organized under the laws of the Sta ce or registered agent, or both, in the Sta	ate of Minnesota	
1. The name of t	e name of the corporation: DUININCK, INC.			
	office address: No Change			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: Apr	il <b>24, 2001</b> Document number:	F01000002262	
	istreet address of the current intention of State: (If resigned, etc.)	registered agent and registered office on nter resigned)	file with the	
	National Re	egistered Agents, Inc		
	1200 Sout	th Pine Island Road		
	Planta	ation, FL 33324	red office	
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registe		
	COGENCY GLO	BAL INC.	THE TO	
	115 North Calho			
	Tallahassee, FL	P.O. Box NOT acceptable 32301	<del></del> _	
The street address changed will	ess of its registered office and be identical.	I the street address of the business office	e of its registered agent,	
Such change was authorized by th	as authorized by resolution du ne board, or the corporation h	aly adopted by its board of directors or last been notified in writing of the chang	by an officer so e.	
/s/ Kyle Duin		Kyle Duininck	CFO	
I hereby accept I further agree to performance of agent. Or, if the	to comply with the provisions my duties, and I am familiar is document is being filed me	Printed or typed name and agree to act in this capacity of all statutes relative to the proper an with and accept the obligation of my portely to reflect a change in the registered in notified in writing of this change.	y. Id complete osition as registered	
/s/ Timothy I				
-	nature of Registered Agent	Date		
It signing on be	half of an entity:			

Timothy Mayville, Assistant Secretary

Typed or Printed Name

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