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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Phone

Account Number : FCA000000023 : (850)205-8842

Fax Number

: (850)878-5368

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## REGISTERED AGENT CHANGE SICO AMERICA, INC.

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MAY 31 2016

## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: 5/CO America Inc.  Name of Corporation							
Name of Corporation							
DOCUMENT NUMBER:							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Pam Johnson Name of Contact Person							
Name of Contact Person							
SICO America Inc. Firm/Company							
7525 Cahill Road							
Address							
Minneapolis, MN . 55439 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Parn Johnson at 952 829-5148  Name of Contact Person Area Code & Daytime Telephone Number							
Parn Johnson at (952) 829-5148  Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							

CR2E045 (03/12)

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

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	er to change its reg	_	_		-		
1 The name of	the corporation:	SICA	Americ	a Inc			
	l office address:	1525	Cahil	1 Roa	d	·	
z. The principa	. OTHER SPOTESZ:	Minni	ea, no li	5 my	554	43 9	
3. The mailing	address (if different						
4. Date of incor	rporation/qualificati	on: <u>10/19</u>	11993	Document n	umber:	-02000000	080
	d street address of t artment of State: (if			ınd registered	office on file	e with the	
	_ Contra)	Furni	shings	5		·	
	690 N.	E. 23"	A AVE.				
		ville, F					
6. The name an (if changed):	d street address of t	he new registe	red agent (if	changed) and	/or registered	d office	16 MAY
	C T Corporation S	ystem				五	72
	c/o C T Corporatio	n System, 1200	South Pine Isl	and Road		- <b> </b>	الما معد سا ون
			Box NOT accept				A D
	Plantation, Florida	33324	·		<del></del>	_ 25	7: 5
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		on has been no	tified in writ	ing of this ch	ange.	угсе шааг өзэ,	•
By: Great	poration System			05/12/2	2016		·
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	ttenwyler, 1	Asst. Sec	zetary -	•			
7	Typed or Printed Name			***			

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

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