

6/2/2020

Division of Corporations

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**FO2000001317**  
 Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6380

From: Account Name : CORPORATION SERVICE COMPANY  
 Account Number : I20000000195  
 Phone : (850)521-0821  
 Fax Number : (850)558-1515

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
 NOR-LAKE, INCORPORATED**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Wisconsin in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Nor-Lake, Incorporated

2. The principal office address: 727 Second Street, Hudson, WI 54016

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/12/2002 Document number: F02000001317

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

incorp Services, Inc.  
17888 67th Court North  
Loxahatchee FL 33470

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301

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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.

DocuSigned by: Michael Hahn Michael Hahn Secretary  
Signature of an officer or director Printed or typed name and 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, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company  
[Signature] 06/02/2020  
Signature of Registered Agent Date

If signing on behalf of an entity:  
Amanda Robinson, 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