

F06000002230

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*R.A. Chg.*  
C.COULLETTE

OCT 27 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 955735 7854488

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : October 24, 2011

ORDER TIME : 11:24 AM

ORDER NO. : 955735-005

CUSTOMER NO: 7854488

CHANGE OF AGENT

NAME: KARGES-FAULCONBRIDGE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: \_\_\_\_\_

**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 Minnesota in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KARGES-FAULCONBRIDGE, INC.
2. The principal office address: 670 W. County Rd. B, St. Paul, MN 55113
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/07/2006 Document number: F06000002230

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc.

515 E. Park Avenue

Tallahassee, FL 32301

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

(P.O. Box NOT acceptable)

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.

Maureen Cathell  
(Signature of an officer or director)

Maureen Cathell, Vice President

(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

By: Sylvia Queppet  
(Signature of Registered Agent)

10/24/2011

(Date)

If signing on behalf of an entity:

Sylvia Queppet, 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