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(F	Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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10/2/10



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 388751

7905607

AUTHORIZATION

COST LIMIT

ORDER DATE: October 22, 2012

ORDER TIME : 10:53 AM

ORDER NO. : 388751-010

CUSTOMER NO: 7905607

## CHANGE OF AGENT

NAME: CMIC SPECIALTY SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of ch	ange is submitted for a corporation organ	ized under the laws of the State of Wisconsin ered agent, or both, in the State of Florida.
1. The name of	the corporation: CMIC SPECIALTY S	SERVICES INC.
2. The principal	office address: 3000 Schuster Lane,	Merrill, WI 54452
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 04/17/2006	Document number: F06000002425
	d street address of the current registered ag rtment of State: (If resigned, enter resigne	
	CT Corporation System	
	1200 S Pine Island Road	25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Plantation, FL 33324	FII FII
6. The name and (if changed):	d street address of the new registered agen	of (if changed) and /or registered office P 3: 21
	Corporation Service Company	PRIDE 24
	1201 Hays Street	7
	P.O. Box NOT Tallahassee, FL 32301	acceptable
The street addreas changed will	ess of its registered office and the street a l be identical.	address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
	ure of an officer or director	Maureen Cathell, Vice President Printed or typed name and title
I heretty accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all statu	l agree to act in this capacity tes relative to the proper and complete scept the obligation of my position as registered sct a change in the registered office address, I
By:	on service company	October 22, 2012
	gnature of Registered Agent	Date
If signing on be	chalf of an entity:	
	by, Assistant Vice Presiden	•
T	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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