From: James Ta

Division of Corporations Electronic Filing Cover Sheet

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(((H220003779533)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email	Address:	

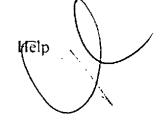
## REGISTERED AGENT CHANGE WEBER GROUP INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Estimate

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Corporate Filing Menu



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

		502, 607,1508, or 617,1508, Florida Statutes, this mized under the laws of the State of Kentucky			
		stered agent, or both, in the State of Florida.			
1. The name of	the corporation: WEBER GROUP INC.				
2. The principal	office address: 5233 Progress Way				
	Sellersburg, IN 47172				
3. The mailing a	ddress (if different):				
4. Date of incorp	Document number: F07000004985				
	f street address of the current registered tment of State: (It resigned, enter resign	agent and registered office on file with the ned)			
	CORPORATION SERVICE COMPAN	Ý			
	1201 HAYS STREET				
	TALLAHASSEE, FL 32301-2525	73207	3033 <b>-</b>		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			3033 NOV		
	C T Corporation System				
		• • • • • • • • • • • • • • • • • • •			
	P.O Be Plantation, Florida 33324	ne NOT inceptable	-		
The street addre as changed will	ss of its registered office and the stree be identical.	t address of the business office of its registered agen	ıŧ,		
Such change was authorized by th	s authorized by resolution duly adopte e board, or the corporation has been no	d by its board of directors or by an officer so otified in writing of the change.			
(JLC)		PAUL OHLIN, CFO/COO/PARTNER			
I hereby accept a I further agree to of my duties, and document is beir	d I am familiar with and accept the ob 1g filed merely to reflect a change in ti been notified in writing of this change	tates relative to the proper and complete performan ligation of my position as registered agent. Or, if th he registered office address. Thereby confirm that the	110		
C I Corporation	Yachel Conner	11/1/2022			
· ·	nalf of an entity:	Date			
Rachel O'Co	onnor, Assistant Secretary				
Ty	ped 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 CR2E045 (04/13)

By: