(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE JUN - 7 2022					

Office Use Only



200385795932

2022 JUH -6 AM 10: 39

122 JUN -6 AM 10: 12 RECEIVED CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 722259 8380089					
AUTHORIZATION: Timela El Man					
COST LIMIT : \$ 35.00					
ORDER DATE : June 3, 2022					
ORDER TIME : 10:06 AM					
ORDER TIME: 10:06 AM					
ORDER NO. : 722259-039					
CUSTOMER NO: 8380089					
CHANGE OF AGENT					
NAME: AMERICAN LUMBER UNDERWRITERS, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					
FYAMTNED'S TNITTALS.					

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

statement of cha	provisions of sections 607.0502, 617 inge is submitted for a corporation o r to change its registered office or re	rganized under the lav	vs of the State of _	IL	
The name of t	the corporation: AMERICAN LUMBE	R UNDERWRITERS.	, INC.		
2. The principal	office address: 800 HART ROAD SI	JITE 200 BARRINGT	ON, IL 60010		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 10/08/2007	Document i	number: <u>F07000</u> 0	004988	
5. The name and	d street address of the current register tment of State: (If resigned, enter res	red agent and registere	ed office on file wi	ith the	
	GOUDEAU, JACQUES			_	
	3288 BISHOP PARK DR.,#913				
	WINTER PARK	FL	32746	2022 SECI	
6. The name and (if changed):	I street address of the new registered	agent (if changed) and	d /or registered of	\(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac	
	Corporation Service Company		· <u>·</u> ·····	AH D: 30	
	1201 Hays Street				
P.O. Box. NOT acceptable					
	Tallahassee		32301		
The street addre	ess of its registered office and the st be identical.	reet address of the bu	isiness office of it	s registered agent,	
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of c in notified in writing o	directors of by an of the change.	officer so	
Neal Walker, Chief Financial Officer				icer	
-	re of an officer or director		ed or typed name and ti	tle	
I jurther agree t of my duties, an document is bei corporation has	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha n Service Company	statues retailve to the obligation of my position in the registered offic	ution as revisiere	aplete performance d agent. Or, if this by confirm that the	
By: Loa	J / I.,	06/02/20	22		
<u> </u>	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
ï	yped or Printed Name				

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