

4/18/24, 5:43 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# F08000002503

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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: \_\_\_\_\_

J. HORNE  
APR 19 2024

CORAMND/RESTATE/CORRECTORO/DRESIGN  
U.S. VENTURE OF WISCONSIN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

FILED  
2024 APR 18 PM 12:03  
CLERK OF COURT  
JAMES TANKS

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**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F08000002503

(Document number of corporation (if known))

1. U.S. Venture of Wisconsin, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Wisconsin

(Incorporated under laws of)

3. 6/4/2008

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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TALLAHASSEE  
FLORIDA  
STATE

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Title Class</u> III Director	<u>Ammie McAsey Rabicke</u>	<u>425 Better Way</u>	Add
		<u>Appleton, WI 54915</u>	<input checked="" type="checkbox"/> Remove
<u>Title Chair</u>	<u>Ammie McAsey Rabicke</u>	<u>425 Better Way</u>	Add
		<u>Appleton, WI 54915</u>	<input checked="" type="checkbox"/> Remove
<u>Title Director</u>	<u>Ammie McAsey Rabicke</u>	<u>425 Better Way</u>	Add
		<u>Appleton, WI 54915</u>	<input checked="" type="checkbox"/> Remove
<u>Title Class II Director</u>	<u>Eric Kessenich</u>	<u>425 Better Way</u>	Add
		<u>Appleton, WI 54915</u>	<input checked="" type="checkbox"/> Remove
<u>Title Class Director</u>	<u>Janet H. Zelenka</u>	<u>425 Better Way</u>	Add
		<u>Appleton, WI 54915</u>	<input checked="" type="checkbox"/> Remove
	See attachment for more		

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

/s/ Thomas E. Evans

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(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Thomas E. Evans

---

(Typed or printed name of person signing)

Secretary

---

(Title of person signing)

**FILING FEE \$35.00**

Attachment – Please Remove the individuals below:

Title Chair

Janet Zelenka

425 Better Way

Appleton, WI 54915

Title Class III – Director

John B. Kahan

425 Better Way

Appleton, WI 54915

Title Class III Director & Title Chair

Christopher P. Thomas

425 Better Way

Appleton, WI 54915

Title Class III Director

Neil E. Kelley

425 Better Way

Appleton, WI 54915

Title Class of 2021

Janet Zelenka

425 Better Way

Appleton, WI 54915

Title Treasurer

Jay J. Walters

425 Better Way  
Appleton, WI 54915  
Title Asst. Secretary  
Lori A. Hoersch  
425 Better Way  
Appleton, WI 54915

Title Director  
John B. Kahan  
425 Better Way  
Appleton, WI 54915

Title Director  
Neil E. Kelley  
425 Better Way  
Appleton, WI 54915

Title Director  
Christopher P. Thomas  
425 Better Way  
Appleton, WI 54915

Title Director  
Janet H. Zelenka  
425 Better Way  
Appleton, WI 54915

Title Secretary  
Thomas E. Evans

To:

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2024-04-18 15:49:09 CST

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From: James Tanks

425 Better Way

Appleton, WI 54915