F08000003458

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2022 AUG -8 AM 9: 15 SECRETARY OF STATE

2022 AUG -8 PM 3: 50

A. BUTLER AUG - 9 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 866993 8385556							
AUTHORIZATION: Somewhale man							
COST LIMIT : \$03500							
ORDER DATE : August 5, 2022							
ORDER TIME : 11:12 AM							
ORDER NO. : 866993-012							
CUSTOMER NO: 8385556							
CHANGE OF AGENT							
NAME: RPMG INC.							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland							

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for	a corporation or	0502, 607.1508, or 6 ganized under the la	ws of the State of	MINNE		
in order	r to change its regist	tered office or re	gistered agent, or bo	th, in the State of	Florida.		
1. The name of t	he corporation: RPM	IG INC.					
2. The principal	office address:						
1157 Valley Par	rk Drive Suite #100	Shakopee, MN	55379				
3. The mailing a	ddress (if different):						
4. Date of incorp	oration/qualification	n: <u>08/04/2008</u>	Document	number: F0800	0003458		
	street address of the timent of State: (If re	_	ed agent and registere igned)	ed office on file v	vith the		
	C T CORPORATION	ON SYSTEM					
	1200 SOUTH PINE ISLAND ROAD						
	PLANTATION		FL	33324		2022 AUG	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office						137 %
	Corporation Service	ce Company		<u> </u>		A	-
	1201 Hays Street				Z Z	9	-
	P.O Box NOT acceptable						
	Tallahassee		FL_	32301	_		
as changed will	be identical.		eet address of the bu		_	•	ţent.
Such change wa authorized by th	s authorized by reso e board, or the corp	olution duly ado oration has beer	pted by its board of a notified in writing	directors or by a of the change.	n officer s	so	
	Je lien	et _	Jill Cilmi, Vice I				
I hereby accept I further agree t of my duties, and document is bein corporation has	to an officer or director the appointment as o comply with the p of I am familiar with ny filed merely to re been notified in wr n Service Compa	rovisions of all s and accept the effect a change in iting of this char	t and agree to act in statutes relative to th obligation of my pos n the registered offic	ted or typed name and this capacity, he proper and co sition as register se address. There		erform Or, if rm that	ance f this t the
By: Drace	2-Kubl		08/05/2022				
Sign If signing on bel	nature of Registered Agent		-	Date			
	-						
	Asst. Vice President ped or Printed Name	<u> </u>					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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