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| PICK-UP WAIT MAIL | | | | | | |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscqlobal.com

Date: August 9, 2019

Order#: 857472-067

Re: ORBIS CORPORATION

Enclosed please find:

<u>MX</u> Change of Registered Agent and Office.

XX Check in the amount of \$35,00.

Please take the following action:

 XX_{--} File in your office on a routine basis.

XX Please return evidence to the following:

Attn: Matthew Ermak

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA. XCOA

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

| statement of cha | nge is submitted for a cor | poration organize | o97.1308, or 617.1308, Ptoi ad under the laws of the State | e of WISCONSIN |
|--|--|---|---|--|
| | the corporation: ORBIS Co | | d agent, or both, in the State E WISCONSIN | r of Florida. |
| | | · - | re, Ocanomowac, WI 53066 | 6-0389 |
| 3. The mailing a | address (if different): 1645 | BERGSTROM R | OAD, NEENAH, WI 54956 | |
| 4. Date of incor | 000000337 | | | |
| | I street address of the currentment of State: (If resigned | | nt and registered office on fi | le with the |
| | C T CORPORATION SY | STEM | | |
| | 1200 SOUTH PINE ISLA | ND ROAD | | |
| | PLANTATION | | FL 33324 | AHA |
| 6. The name and (if changed): | i street address of the new | registered agent (| f changed) and /or registere | AND 13 AR OF THE ANALYSIS OF T |
| | Corporation Service Con | прапу | | |
| | 1201 Hays Street | | | 7 |
| | ~ | PO Box NOT acco | • | |
| | Tallahassee | | FL 32301 | |
| The street addre | ess of its registered office be identical. | and the street add | ress of the business office of | of its registered agent. |
| Such change wa authorized by th | is authorized by resolution be board, or the corporation | n duly adopted by in has been notifie | its board of directors or by ed in writing of the change. | an officer so |
| > | Xie E. Cignie | Jil | Il Cilmi, Vice President | |
| Signatur | e of an officer of director | | Printed or typed name ar | nd fitle |
| i juriner agree i performance of agent. Or, if thi hereby confirm | o comply with the provision of the provision of the complex and I am familiately | ons of all statutes iar with and acce merely to reflect i | gree to act in this capacity. relative to the proper and pt the obligation of my posi a change in the registered o riting of this change. | complete tion as registered office address, I |
| | see to Kubly | 08 | 8/07/2019 | |
| Šigr | nature of Registered Agent | | Date | |
| If signing on bel | nalf of an entity: | | | |
| Grace E. Kirby, | Asst. Vice President | | | |
| Ty | ped 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 * * *