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Date: 02/23/2016	Account #: I20000000088
Name: Michelle Walker	
Reference #: C015338	
ENTITY NAME: MIDWEST MOLE, INC.	
Articles of Incorporation/Authorization to Transact Business	
Amendment	
Annual Report	
Change of Agent	
Reinstatement	
Conversion	
Merger	
Dissolution/Withdrawal	
Fictitious Name	
Other:	
Authorized Amount: 435	
Authorized Amount: \$35 Signature: Michelle Walker	

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

statement of cha	nge is submitted for a c	orporation organized	07.1508, or 617,1508, Flow under the laws of the State	_{e of} India			
	in order to change its registered office or registered agent, or both, in the State of Florida. The name of the composition: MIDWEST MOLE, INC.						
1. The name of	the corporation:	1461-	TTLO: IIIOLE; II				
2. The principal	office address:				···		
	6814 W 350 N	· · · · · · · · · · · · · · · · · · ·	Greenfield	<u>IN</u>	46140		
3. The mailing a	ddress (if different):		· · · · · · · · · · · · · · · · · · ·				
4. Date of incorp	poration/qualification:	May 18, 2009	_Document number:F	090000020	22		
	I street address of the cu tment of State: (If resig		and registered office on fo	ile with the			
	CTC	ORPORATION	NSYSTEM				
	1200 SC	OUTH PINE ISI	AND ROAD	— ~	•		
	PLA	NTATION, FL	_ 33324 克 曼		ż		
6. The name and (if changed):			changed) and /or register	ed edice	: 1		
	National Corp		Ø:	س ا	,		
	110 1101111 00	P.O. Box NOT accept		0			
	Tallahassee,	FL 32301	\$ 1				
			ess of the business office				
Such change was authorized by the	is authorized by resolut se board, or the corpora	ion duly adopted by tion has been notified	its board of directors or b d in writing of the change	y an officer so			
Jecement	re of an officer or director	<u>Jo</u>	Printed or typod uprite		asurer		
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as reg to comply with the prov my duties, and I am fat is document is being fil that the carporation ha	ristered agent and ag visions of all statutes miliar with and accep ed merely to reflect a us been notified in wr	ree to act in this capacity relative to the proper and it the obligation of my pos i change in the registered iting of this change.	l complete sition as registe office address,	ered , I		
			02/19/7	016			
Sig	nature of Registered Agent		Date				

If signing on behalf of an entity:

Brandie Sullivan, Assistant Secretary

Typed or Printed Name

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