Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000423144 3)))



H240004231443ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 : (800)432-3622 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE GEA FARM TECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

CAPITOL SERVICES $(((H24000423144\ 3)))^{02/02)}$ 01/29/2025 09:20:12 AM STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617 statement of change is submitted for a corporation o		
in order to change its registered office or re	egistered agent, or both, in the State of Florid	ta.
1. The name of the corporation: GEA FARM T	ECHNOLOGIES, INC.	
2. The principal office address: 1385 N Weber Re	oad Romeoville, IL 60446	
3. The mailing address (if different); 9165 Rumse		
4. Date of incorporation/qualification: 12/17/200	09 Document number: F0900000	05038
The name and street address of the current register Florida Department of State: (If resigned, enter res		c
COGENCY GLOBAL INC.		
115 NORTH CALHOUN STRE	ET SUITE 4	
TALLAHASSEE, FL 32301		
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office	
Capitol Corporate Services, Inc	с.	
515 East Park Avenue 2nd FI		
	O. Box NOT acceptable	
Tallahassee, FL 32301		
The street address of its registered office and the st as changed will be identical.	treet address of the business office of its reg	ristered agent,
Such change was suthorized by resolution duly add	opted by its board of directors or by an office in notified in writing of the change.	ær so
Vous Brown	Doug Brown Vice President T	лах ∷
bignature of an officer or director	Prizziod or typed name and title	
I hereby accept the appointment as registered ager I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change to corporation has been notified in writing of this cha	nt and agree to act in this capacity I statutes relative to the proper and complete e obligation of my position as registered age in the registered office address, I hereby co ange.	e performance ent. Or, if this infirm that the
Bin Breleski	12/27/2024	PK (
Signature of Regulatered Agent	Date	32 22 32 15 32 15
If signing on behalf of an entity:		200
Brian Radecki, Assistant Secretary on behalf	of Capitol Corporate Services, Inc.	
	G FEE: \$35.00 * * *	
MAKE CHECKS PAYABLE TO	D FLORIDA DEPARTMENT OF STATE NS, P.O. BOX 6327, TALLAHASSEE, FL 3231	4

(((H24000423144 3)))

CR2B045 (04/13)