(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 j: (800)567-4397 Phone : (800)567-4398 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: tammy.llsowe@aebi-schmidt.com

REGISTERED AGENT CHANGE M-B COMPANIES, INC.

| and the second s | |
|--|-----------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$ 35.00 |

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W. SOLONON

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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|-------|---|
| SUR | JECT: M-B COMPANIES, INC. |
| Name | of Corporation |
| DOC | UMENT NUMBER: F10000003506 |
| The e | inclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Pleas | e return all correspondence concerning this matter to the following: |
| | Blastic |
| Nam | of Contact Person |
| | Compenies, Inc. |
| | Company |
| 1615 | WISCONSIN AVE |
| 166X | 059 |
| NEW | HOLSTEIN, WI 53061 |
| City/ | State and Zip Code |
| | ail address: (to be used for future annual report notification) |
| E-m | ail address: (to be used for future annual report notification) |
| | |
| Fort | HOLSTEIN, WI 53061 State and Zip Code tammy . Lisowva achi-schmidt . (om ail address: (to be used for future annual report notification) urther information concerning this matter, please call: |
| Kaih | y Clark at (800) 567-4397 Name of Contact Person Area Code & Daytime Telephone Number |
| | Name of Contact Person Area Code & Daytime Telephone Number |
| Encl | osed is a \$35,00 check made payable to the Department of State. |
| | Mailing Address: Amendment Section Street Address: Amendment Section |

Division of Corporations

Tallahassec, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

| statement of ch | lange is submitted for a corporation. | 17,0502, 607,1508, or 617,1508, Florida Statutes, this organized under the laws of the State of Wisconsin registered agent, or both, in the State of Florida. | - |
|---|--|---|--------------------|
| | | | |
| The name of The princips | f the corporation: M-B COMPANIES al office address: 1615 WISCONSIN / | AVE., NEW HOLSTEIN, WI 53061 | |
| 7. The mailing | raddress (if different). PO BOX 200, | NEW HOLSTEIN, WI 53061 | |
| 4. Date of inco | proporation/qualification: 07/30/2010 | NEW HOLSTEIN, WI 53061 Document number: F10000003506 | |
| 5. The name ar | nd street address of the current regist artment of State: (If resigned, enter r | tered-agent and registered office on file with the | |
| | United Corporate Services Inc. | | |
| | 9200 South Dadeland Boulevard, St | | |
| | Miami, FL 33156 | | |
| 6. The name at (if changed) | | ed agent (if changed) and for registered office | |
| | 3458 Lakeshore Drive | | · ; ; ; |
| | Tallahassee, FL 32312 | P O Bax NOT acceptable | |
| The street add as changed with change and appropriated by | dress of its registered office and the ill be identical. Ivas authorized by resolution duly a constant of the corporation has been | street address of the business office of its registered ago idopted by its board of directors or by an officer so een notified in writing of the change. | nt, |
| 1 Col Cing | h Black | SARWH BLASTE CITO | _ |
| I hereby accept further agree of my dwies, in document is be curporation in | pt the appointment as registered as te to comply with the provisions of and I am familiar with and accept to seing filed merely to reflect a chang as been notified in writing (y this c | tent and agree to act in this capacity, all statutes relative to the proper and complete performs the obligation of my position as registered agent. Or, if we in the registered office address, I hereby confirm that hunge. | nce this the |
| KOUTM | M CIMPS | 2/15/2021 | _ |
| · | Signal the of Registered Agent behalf of an entity; | Date | |
| | Assistant Secretary | | |
| STERRY CHERNICA | Typed or Printed Name | . | |

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