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(Ř	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
(B	usiness Entity Name)	
(0	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fi	ling Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 145243 8433150 AUTHORIZATION (COST LIMIT ORDER DATE: November 22, 2023 ORDER TIME : 9:26 AM ORDER NO. : 145243-002 CUSTOMER NO: 8433150 CHANGE OF AGENT NAME: ROCKLER COMPANIES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of <u>Minnes</u> registered agent, or both, in the State of Florida.		
1. The name of	the corporation: ROCKLER COMP	PANIES, INC.		
2. The principal	office address: 4365 Willow Drive,	, Medina, MN 55340	· · · · · · · · · · · · · · · · · · ·	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 04/12/2013	Document number: F13000001604		
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)		
	NRAI Services, Inc.		2	
	1200 South Pine Island Road		2923 NOY 28	
	Plantation	FL 33324	r 28	
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	H4	
	Corporation Service Company		2: 1:1	
	1201 Hays Street		, 4-	
P.O. Box NOT acceptable				
	Tallahassee	FL 32301		
		street address of the business office of its registe		
Such change was authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of directors or by an officer sen notified in writing of the change.	ю	
X_{i}	el 2 a Onei	Jill Cilmi, Vice President		
I hereby accept I further agree of my duties, an document is bei corporation has Corporation	the appointment as registered age to comply with the provisions of all a land accept the grant accept the gr	Printed or typed name and title int and agree to act in this capacity. Il statutes relative to the proper and complete pe e obligation of my position as registered agent, in the registered office address, I hereby confir	rformance Or, if this m that the	
Bv: ()	1. m Lei	11/28/2023		
_	half of an entity:	Date		
Ami M. Casper	, Asst. Vice President			

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

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