Division of Corporations **Electronic Filing Cover Sheet**

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(((H19000198641 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

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

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Certificate of Status	0
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HO-CHUNK, INC.

JUN 27 2019

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COVER LETTER

TO:

Amendment Section Division of Corporations

 $_{ ext{ iny SUBJECT:}}$ Ho-Chunk, Inc.

Name of Corporation

DOCUMENT NUMBER

F15000005456

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

ೄ/888

705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15129570210

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

Pursuant to the p	provisions of sections 607.0.	502, 617.0502, 6	07.1508, or 61	17.1508, Floride	a Statutes,	this	
statement of cha	nge is submitted for a corpo	ration organized	l under the lav	vs of the State of	/ Nebras	ska	
in orde	r to change its registered off	lice or registered	agent, or bou	h, in the State of	Florida.		
1. The name of t	the corporation: Ho-ChU	ınk, Inc.					
2. The principal	office address: 1 MISS	<u>ION DRIV</u>	E		 		
WINNE	BAGO, NE 68071	1					
3. The mailing a	ddress (if different): PO E	3OX 390					_
WINNI	EBAGO, NE 6807	71	***************************************				
4. Date of incorp	poration/qualification: <u>12/</u>	9/2015	_ Document i	number: <u>F15</u> 0	00000	<u>5456</u>	<u>.</u>
	I street address of the curren tment of State: (If resigned,		t and registere	d office on file	with the		
,	NRAI SERVIC						
	1200 SOUTH PINE IS	LAND ROAD				20	
	PLANTATION .		FL	33324	- '- '	2019 JUN 2.6	
6. The name and (if changed):	l street address of the new re	egistered agent (i	f changed) and	d/or registered o	office		•
	Registered Age	ent Soluti	ons, Inc		-	AH 8:	-
	155 Office Pla	za Dr. P.O. Box NOT acce		<u> </u>	_	59	
	Tallahassee	FL	3230)1	-		
The street addre	ess of its registered office ar be identical.	nd the street add	ress of the bus	siness office of	its register	red agent,	
Such change wa authorized by th	is authorized by resolution one board, or the corporation	duly adopted by has been notifie	its board of d d in writing o	irectors or by ar f the change.	n officer so	0	
/s/ Annett	e Hamilton	<u>A</u>	nnette H	lamilton	Pres	ident	
l further agrée t performance of agent. Or, it thi	the appointment as register to comply with the provision my duties, and I am familia is document is being filed m that the corporation has be	ns of all statutes r with and accep perely to reflect o	relative to the ot the obligati a change in th	e proper and co on of my positio e revistored off	mplete on as regis ice addres.	stered s, I	
Hode	enzight	0	6/26/201	9 Date			
	half of an entity:			Date			
Mackenzie	Hart, Assistant Secreta	ary					
ر،	product contact contro						