

**F18 0000002510**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

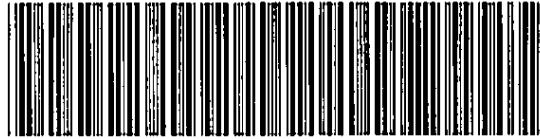
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**000368357260**

05/22/21--01013--020 \*\*35.00

05/22/21 1:25 PM  
FILED

05/22/21



RECEIVED

2021 AUG -2 PM 1:10

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2021

CURTIS 1000 INC.  
1725 ROE CREST DRIVE  
NORTH MANKATO, MN 56003

SUBJECT: CURTIS 1000 INC.  
Ref. Number: F18000002510

We have received your document for CURTIS 1000 INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 021A00017236

*The registered agent didn't change - I crossed out the change that I erroneously made.*

*Thank you,  
H. Han*

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Curtis 1000 Inc.

Name of Corporation

**DOCUMENT NUMBER:** F18000002510

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marilena Morness

Name of Contact Person

Curtis 1000 Inc.

Firm/Company

1725 Roe Crest Drive

Address

North Mankato, MN 56003

City/State and Zip Code

corporatesecretary@taylorcorp.com

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

For further information concerning this matter, please call:

Marilena Morness

at ( 507 ) 6252828

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|---|

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F18000002510

(Document number of corporation (if known))

1. Curtis 1000 Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Minnesota 3. 12/1/2017  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 6/28/2021
5. Taylor Print & Visual Impressions, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**


*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Daniel E Kvasnicka	1725 Roe Crest Drive	<input type="checkbox"/> Add
		North Mankato, MN 56003	<input type="checkbox"/> Remove
Secretary	Gregory W Jackson	North Mankato, MN 56003	<input checked="" type="checkbox"/> Add
		North Mankato, MN 56003	<input type="checkbox"/> Remove
VP	Larry D Taylor	North Mankato, MN 56003	<input checked="" type="checkbox"/> Add
		North Mankato, MN 56003	<input type="checkbox"/> Remove
Treasurer	Robert R Makela	North Mankato, MN 56003	<input checked="" type="checkbox"/> Add
		North Mankato, MN 56003	<input type="checkbox"/> Remove
CFO	Paola Lucente	North Mankato, MN 56003	<input checked="" type="checkbox"/> Add
		North Mankato, MN 56003	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Larry D. Taylor                      Vice President  
 (Typed or printed name of person signing)                      (Title of person signing)

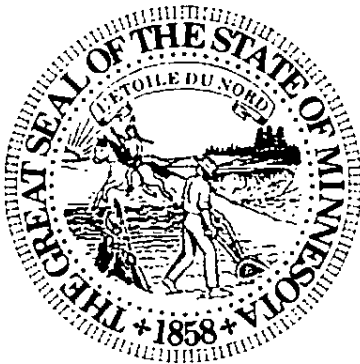
**FILING FEE \$35.00**

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Taylor Print & Visual Impressions, Inc.
Date Filed:	12/01/2017
File Number:	983126900020
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 06/14/2021



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota