

F19000004175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

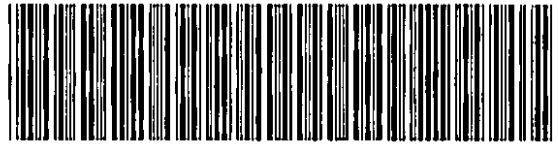
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SECRETARY OF STATE  
CORPORATIONS  
2022 AUG -8 PM 1:52

J DENNIS  
NOV 22 2022

505 HIGHWAY 169 NORTH, SUITE 350  
MINNEAPOLIS, MINNESOTA 55441



TELEPHONE: (763) 398-044  
FAX: (763) 398-006

BRIDGET C. ANDERSON  
banderson@ckzlawfirm.com

August 1, 2022

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

**Re: Kottke Trucking, Inc.**

Dear Sir or Madam:

Enclosed for filing with your office, with regard to the above-referenced company, are the following documents:

1. Cover Letter; and
2. Statement of Change of Registered Office or Registered Agent or Both for Corporations for Kottke Trucking, Inc.

This firm's check in the amount of \$35.00 is also enclosed for the filing fee.

We understand that we will receive a letter of acknowledgement after the enclosed Statement of Change has been processed with your office. If you should have any questions or need anything further in order to process this request, please feel free to contact our office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bridget C. Anderson', with a long horizontal flourish extending to the right.

Bridget C. Anderson

/bca  
Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kottke Trucking, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F19000004175

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:

Bridget C. Anderson, Esq.

Name of Contact Person

Courey, Kosanda & Zimmer, P.A.

Firm/Company

505 Highway 169 N, Suite 350

Address

Minneapolis, Minnesota 55441

City/State and Zip Code

banderson@ckzlzlawfirm.com

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

For further information concerning this matter, please call:

Bridget C. Anderson, Esq.

Name of Contact Person

at (763) 398-0441

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Minnesota  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Kortke Trucking, Inc.
2. The principal office address: 211 Highway 212 East  
Buffalo Lake, Minnesota 55314
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/11/2019 Document number: F19000004175
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

Donna Fellows-Coffey  
2 West Boulevard North  
Davenport, Florida 33837

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

Rafael Gomez  
2 West Boulevard North  
Davenport, Florida 33837

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Kyle D. Kortke  
Signature of an officer or director

Kyle D. Kortke, Secretary  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity,  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.*

Rafael Gomez  
Signature of Registered Agent

7/26/22  
Date

If signing on behalf of an entity:

Rafael Gomez  
Typed or Printed Name

\*\*\* 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)