F21000001215

(Rec	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	= #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900402182749

02/07/23--01034--025 **35.00

2023 FEB - 7 FH 1: 0"

COVER LETTER

то:	Amendment Section Division of Corporations		
SUBJ	ECT: ROLL-LIFT USA, INC. of Corporation		
Name	of Corporation		
DOCI	UMENT NUMBER: F21000001215		
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this	s matter to the following:	
	, , , , , , , , , , , , , , , , , , ,	•	
AMEN	√ ALAYYAN		
Name	of Contact Person		
HARB	OR COMPLIANCE		
Firm/0	Company		
1830 C	COLONIAL VILLAGE LANE		
Addre	SS		
	ASTER, PA 17601		
City/S	tate and Zip Code		
	corporate@harborcompliance	e.com	
E-mai	l address: (to be used for future annua	l report notification)	
For fu	rther information concerning this matter, j	please call:	
AMEN	ALAYYAN	at (717)896-1188 Area Code & Daytime Telephone Number	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclos	sed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address:	Street Address:	
	Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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 State organized under the laws of the State of $\frac{\text{TEX}}{\text{registered}}$ agent, or both, in the State of Flor	(AS
1. The name of	the corporation: ROLL-LIFT USA,	INC.	
	l office address: 1825 HIGHWAY 14	46 S	
3. The mailing:	address (if different): PO BOX 2619	P, DAYTON, TX 77535	
4. Date of incor	poration/qualification: 03/01/2021	Document number: F2100000121	15
5. The name an		tered agent and registered office on file with t	
	CAPITOL CORPORATE SERVIC	ES, INC.	
	515 E PARK AVE, FLOOR 2		797.
	TALLAHASSEE, FL 32301		2623FEB - 1
6. The name an (if changed):	_		-7 PH 1:0
	Registered Agents Inc		· · · · · · · · · · · · · · · · · · ·
	7901 4th St N STE 300		,- -1
		P.O. Box NOT acceptable	
	St. Petersburg FL 33702		
The street addras changed wil	ress of its registered office and the I be identical.	street address of the business office of its re	gistered agent,
Such change wauthorized by t	as authorized by resolution duly a the board, or the corporation has b	dopted by its board of directors or by an off een notified in writing of the change.	icer so
1517	Hannah Pirley	Hannah Pixley, Human Capital Officer	
_	ure of an officer or director	Printed or typed name and title	
I hereby accep, I further agree of my duties, as document is be corporation ha	t the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept t ing filed merely to reflect a chang is been notified in writing of this c	ent and agree to act in this capacity. All statutes relative to the proper and comple he obligation of my position as registered ag e in the registered office address, I hereby c hange.	ete performance zent. Or, if this confirm that the
Bee Ha	ne	01/30/2023	
Sij	gnature of Registered Agent	Date	
	ehalf of an entity:		
Bill Havre			
1	Typed or Printed Name	-	
	* * * FILI	NG 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)