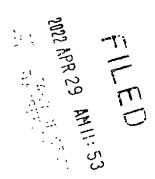
F2100001698

	(Requestor's Name)					
(Address)						
	(Address)					
(Address)						
	(City/State/Zip/Phone #)					
	(,,,					
PICK-UP	WAIT MAIL					
· · ·	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Certified Copies						
Special Instructions to	Eiling Officer					
Special instructions to	Filling Onicer.					

Office Use Only



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2022 APR 29 PN 4: 13
DIVISION OF COMPERATIONS
TALLAHASSEE, FIRATIONS

A. RAMSEY MAY -2 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 638150 8377276						
AUTHORIZATION: Spelle Ban						
COST LIMIT : \$35.00						
ORDER DATE : April 25, 2022						
ORDER TIME : 2:05 PM						
ORDER NO. : 638150-032						
CUSTOMER NO: 8377276						
CHANGE OF AGENT						
NAME: THE SHYFT GROUP USA, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland						

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections (inge is submitted for a c or to change its register	corporation organized	under the laws	of the State of <u>S</u>	OUTH DAKOTA
1. The name of t	the corporation: THE S	HYFT GROUP USA. I	NC.	_ -	
	office address: STREET NOVI, MI 4	0075			
3. The mailing a	address (if different): _				
4. Date of incorp	poration/qualification:	03/12/2021	_ Document nu	nber: <u>F210000</u> 0	01698
	I street address of the criment of State: (If resig		and registered of	office on file with	
	C T CORPORATION	N SYSTEM			20.82
	1200 SOUTH PINE I	ISLAND ROAD			2022 APR 29
	PLANTATION		FL :	33324	77. 6
6. The name and (if changed):	I street address of the n Corporation Service		changed) and /	or registered offic	2000年1553
	· · · · · · · · · · · · · · · · · · ·				
	1201 Hays Street	P.O. Box. NO	Гассертавле		
	Tallahassee		FL (32301	
=	ess of its registered off be identical.				
authorized by th	as authorized by resolute board, or the corpor	•	d in writing of t	he change.	
العيل	te of an officer or director	<u>. Jill</u>	,	sident or typed name and title	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as re to comply with the pro id I am familiar with a ing filed merely to refl heen notified in writi n Service Compan	ng oj inis change, 💎		**	
By:	Inace L-Kubli	•	/28/2022		
	nature of Registered Agent			Date	
It signing on be	half of an entity:				
	Asst. Vice President				
':	•	* * * FILING FEE: \$	535.00 * * *		

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
(713)