Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000227679 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*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 MAULJIM, INC.

Certificate of Status	0
Certified Copy	l
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help



From: David Thomas

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

statement of cha	inge is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florido rganized under the laws of the State of rgistered agent, or both, in the State of	f Illinois
1. The name of	the corporation: MAULJIM, INC.		
2. The principal	office address: ONE ALOHA LANE		
	PEORIA, IL 61615		
3. The mailing a	address (if different):		
4. Dateofincorp	oration/qualification: 08/26/2021	Document number: F21000	004971
	d street address of the current register rtment of State: (If resigned, enterresi	ed agent and registered office on file vigned)	with the
	CORPORATION SERVICE COMPA	NY	
	1201 HAYS STREET		_
	TALLAHASSEE, FL 32301		
6. The name and (ifchanged):	d street address of the new registered	agent (if changed) and /or registered o	office
	C T Corporation System		_
	1200 South Pine Island Road		
	Plantation, Florida 33324	O, Box NOT acceptable	_
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of	its regist <b>ese</b> d agent.
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by a i notified in writing of the change.	
	wif helm	ERICK CARLSON, VICE PRES	IDENT 2
Thereby accept I further agree of my duties, an document is bei corporation has	s веся понучеа in writing of ints chai	Printed or typed name and tand agree to act in this capacity, statutes relative to the proper and coolingation of my position as register in the registered office address, I herenge.	إلاا هجست ننا
C T Corporation	System Ser Columb	06/21/2023	
Sig	nature of Registered Agent	Dale	
If signing on be	half of an entity:		
SEAN L. EMER	ICK, ASSISTANT SECRETARY		
Į,	yped 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)

By: