## F21000000 7220

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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Office Use Only



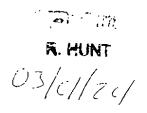
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AM II: 38

2024 MAR - 1 PM 12: 3

RECEIVE



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE :

8317853

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : February 28, 2024

ORDER TIME : 8:53 AM

ORDER NO. : 337527-018

CUSTOMER NO: 8317853

CHANGE OF AGENT

NAME: FRASCA INTERNATIONAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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

| statement of cha  | provisions of sections 607.0502,<br>nge is submitted for a corporati<br>r to change its registered office  | on organized under the law  | vs of the State                | of IL                |                                | <u></u>                         |
|---|--|---|--------------------------------|----------------------|--------------------------------|---------------------------------|
| 1. The name of t  | he corporation: FRASCA INTER   | RNATIONAL, INC.   |                                |                      |                                |                                 |
|   | office address: 906 EAST AIRP  |   | 61801                          |                      |                                |                                 |
| 3. The mailing a  | ddress (if different):   |   | ·                              |                      |                                |                                 |
| 4. Date of incorp   | ooration/qualification: 12/14/20   | Document r  | number: F21                    | 0000072              | :20                            |                                 |
|   | I street address of the current reg<br>iment of State: (If resigned, ente  |   | d office on fil                | le with th           | ie                             |                                 |
|   | Incorporating Services, Ltd.   |   |                                |                      | );;;<br>};;                    |                                 |
|   | 1540 Glenway Drive   |   |                                |                      |                                |                                 |
|   | TALLAHASSEE  | FL  | 32301                          |                      | i                              |                                 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |  |   |                                |                      |                                | CILLIAN .                       |
|   | Corporation Service Company  | 1   |                                | <br>H                | AM II: 39                      |                                 |
|   | 1201 Hays Street   |   |                                |                      |                                |                                 |
| P O Box NOT acceptable  |  |   |                                |                      |                                |                                 |
|   | Tallahassee  | FL  | 32301                          |                      |                                |                                 |
| as changed will   |  |   |                                |                      | -                              | l agent.                        |
| Such change wa<br>authorized by th  | is authorized by resolution duly<br>ne board, or the corporation has   | adopted by its board of d<br>been notified in writing o                                       | irectors or by                 | y an offic<br>-      | er so                          |                                 |
| /s/ Michael J. Ensminger  |  | Michael J. Ensn   | Michael J. Ensminger           |                      | Secretary                      |                                 |
| C   | re of an officer or director   |   | ed or typed name               |                      |                                |                                 |
| I further agree to<br>of my duties, and<br>document is being<br>corporation has                                 | the appointment as registered a comply with the provisions of a lam familiar with and accepting filed merely to reflect a chain been notified in writing of this a Service Company | t all statutes relative to the<br>t the obligation of my posi<br>age in the registered office | e proper and<br>ition as regis | complet<br>tered age | e perfo<br>ent. Or<br>infirm i | rmance<br>r, if this<br>hat the |
| By: Mar   | · Yokubi.  | 2/27/2024   |                                |                      |                                |                                 |
| Sign  | nature of Registered Agent   | _   | Date                           | <del></del>          |                                |                                 |
| If signing on bel   | half of an entity:   |   |                                |                      |                                |                                 |
| Grace E. Kirby, A   | Asst. Vice President   |   |                                |                      |                                |                                 |
| Ту  | rped or Printed Name   |   |                                |                      |                                |                                 |

\* \* \* FILING FEE: \$35.00 \* \* \*

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