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Office Use Only



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JUN 28 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 14, 2019

Order#: 807503-013

Re: BORDER STATES INDUSTRIES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

	· ·	0502, 607.1508, or 617.1508, Florida Statute ganized under the laws of the State of North	
in orde	er to change its registered office or reg	gistered agent, or both, in the State of Florida	
1. The name of	the corporation: BORDER STATES I	INDUSTRIES, INC.	
2. The principal office address: 2400 38th Street South, Fargo, ND 58104			
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 03/07/1994	Document number: <u>F94000001136</u>	3
5. The name an		ed agent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	
6. The name and (if changed):		agent (if changed) and /or registered office	
	Corporation Service Company		Ξ.
	1201 Hays Street		19 JUH 18
		NOT acceptable	
	Tallahassee	FL 32301	22 EX
The street addr as changed will	ess of its registered office and the stre l be identical.	eet address of the business office of its regis	itered a <b>ge</b> nt.
Such change w authorized by the	as authorized by resolution duly adop he board, or the corporation has been	oted by its board of directors or by an officer notified in writing of the change.	
Xel	. E GOME	Jill Cilmi, Vice President	E.
I Hereby accept I further agree performance of agent. Or, if th hereby confirm	f my duities, and I am familiar with an	tatutes relative to the proper and complete id accept the obligation of my position as re- seflect a change in the registered office addr ad in writing of this change.	gistered ress, I
By: (	enature of Registered Agent	06/13/2019	
	ehalf of an entity:	sone	
Ami M. Casper	r, Asst. Vice President		
7	Typed or Printed Name		
	* * * FILING	FFF: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)