F9400006386

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2024 AUG -7 AUTH: 07

A. RAMSEY

7024 AUG - 7 M 10: 18 2024 AUG - 7 M 10: 18 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 551006 AUTHORIZATION COST LIMIT : \$1/35.00 ORDER DATE: July 15, 2024 ORDER TIME : 9:32 AM ORDER NO. : 551006-236 CUSTOMER NO: 7424433 CHANGE OF AGENT NAME: EXEL 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 chan in order	ige is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Massachusetts ared agent, or both, in the State of Florida.
1. The name of th	ne corporation: EXEL INC.	
2. The principal c	office address: 360 Westar Boulevard, V	Vesterville, OH 43082
3. The mailing ad		
4. Date of incorp	oration/qualification: 12/14/1994	Document number:F94000006386
S. The name and		gent and registered office on file with the
	C T Corporation System	
•	1200 South Pine Island Road	
•	Plantation	FL 33324
Plantation FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company 1201 Hays Street		
•	1201 Hays Street	100 d. 1
		NOT acceptable
	Tallahassee	FL 32301
The street address as changed will	ss of its registered office and the street be identical.	address of the business office of its registered agent, I by its board of directors or by an officer so
authorized by the	e board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.
/s/ Mark Sm	olik	Mark Smolik, Secretary
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	Printed or typed name and title d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
By: Sign	inture of Registered Agent	Date
If signing on bel		
Ami M. Casper,	, Asst. Vice President	
	ped or Printed Name	

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