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.

(((H24000343574 3)))



H240003435743ABC%

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 : FCA000000023 Phone : (614)280-3338 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.

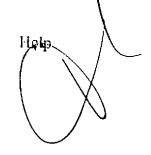
Email Address:

REGISTERED AGENT CHANGE THE TORO COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	enge is submitted for a corporation org	0502, 607,1508, or 617,1508, Plorida Statutes, this ganized under the laws of the State of Delaware distered agent, or both, in the State of Florida.
T. The name of	the corporation; The Toro Company	
	office address: S111 Lyndale Avenue S	outh
	Bloomington, MN 554.	20
4. Date of incor	poration/qualification: 12/12/1997	Document number: F97000006585
	d street address of the current registere rtment of State: (If resigned, enter resig	d agent and registered office on file with the gned)
	United Agent Group Inc.	
	801 Us Highway 1	
	North Palm Beach, FL 33408	2024 OCT 14
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office
	C T Corporation System	
	1200 South Pine Island Road	33
	P.O. Plantation, Florida 33324	Box NOT acceptable
The street addreas changed will	ess of its registered office and the stre be identical.	eet address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
/s/ Joanna Totsky	<i>f</i>	Joanna Totsky, SECRETARY
Signani	re of an officer or director	Printed or typed name and fille
i juriner agree i of my duties, an document is hei	ing filed merely to reflect a change in s been notified in writing of this chang	athles relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby contirm that the
	Syn Chamisto	10/07/2024
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
SEAN L. EMER	ICK, ASSISTANT SECRETARY	
T	yped or Printed Name	
	* * * FILING I	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)

Ву: