## F98000007149

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2024 NOV -6 PM 12: 4444 NOV -6 AH II: 19

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CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 715954 8465594				
AUTHORIZATION :				
COST LIMIT : \$ 35.00				
ORDER DATE: October 22, 2024				
ORDER TIME : 9:30 AM				
ORDER NO. : 715954-010				
CUSTOMER NO: 8465594				
CHANGE OF AGENT				
NAME: KION NORTH AMERICA CORPORATION				
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, 617,0502 The is submitted for a corporation organi To change its registered office or registe	zed under the laws of the State of	Delaware
The name of the control of the principal of the principal of the control of	the corporation: KION NORTH AMERICA office address: 2450 W. 5th North Street	CORPORATION , Summerville, SC 29483	
•	ddress (if different):		
4. Date of incorp	oration/qualification: 12/31/1998	Document number: F9800	0007149
	street address of the current registered ag ment of State: (If resigned, enter resigned	-	with the
	C T Corporation System		_
	_ TA: 205		
	Plantation, FL 33324		4 80
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered c	2024 NOV -6 PM 12: 44 TÄLLÄHÄSSEE FLORID
	Corporation Service Company		_ ;FĽ
	1201 Hays Street		ORIGE
	P.O. Box	NOT acceptable	7
	Tallahassee	FL 32301	_
The street addre as changed will	ss of its registered office and the street a be identical.	address of the business office of	its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by a ified in writing of the change.	in officer so
/s/ Jonathan	Dawley	Jonathan Dawley, Pre	sident & CEO
Signatur	e of an officer or director	Printed or typed name and	title
of my duties, and document is bein corporation has	the appointment as registered agent and o comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.  Service Company	l agree to act in this capacity, ites relative to the proper and co gation of my position as register registered office address, I her	omplete performance red agent. Or, if this eby confirm that the
ву: Сей	m Leil	11/05/2024	
	nature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
	Asst. Vice President		
Ту	ped or Printed Name		
	* * * FILING FE	E: \$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)