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.

(((H200003325003)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

is of

Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023
Phone (614)280-3338 : (954)208-0845 Fax Number

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 HUFCOR, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

in order	r to change its registered offic	e or registered agent, or both, in the State of Florida.	
1. The name of	he corporation: Hufcor, Inc.		
		Y ROAD JANESVILLE, WI 53545	
2. The principal	office address:		
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: 08/09/	Document number: F99000004076	
5. The name and		egistered agent and registered office on file with the	
	Corporation Service Company		
	1201 Hays Street		
	Tallahassee, FL 32301		
			
6. The name and (if changed):	street address of the new regi	stered agent (if changed) and /or registered office	
	C T Corporation System		
	1200 South Pine Island Road		
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
The street addre	ss of its registered office and be identical.	the street address of the business office of its register	red
Such change wa authorized by th	s authorized by resolution du e board, or the corporation has	ly adopted by its board of directors or by an officer s as been notified in writing of the change.	0
/s/ Ki	imberly Baggett	Kimberly Baggett, Vice President	
		Printed or typed name and title	_
I further agrée t of my duties, an document is bei	o comply with the provisions d I am familiar with and acce ny filed merely to reflect a ch been notified in writing of th	I agent and agree to act in this capacity, of all stantes relative to the proper and complete pertitive to the proper and complete pertitive the obligation of my position as registered agent, ange in the registered affice address, I hereby confinition change.	rfoi Or in 1
	- June may	9/23/2020	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
	istant Canadami		
Terrie Bates, Ass	istant Secretary		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (04/13)