F99000006432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000009349840

12/11/02--01033--003 **35.00

FILED
02 DEC 11 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/RO Chgx
12/18/02
SP

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Genex Cooperative, Inc.
(Name of corporation)

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry Romuald
(Name of person)

Genex Cooperative, Inc
(Name of firm/company)

100 MBC Drive
(Address)

Shawano WI 54166
(City/state and zip code)

For further information concerning this matter, please call:

Melissa Wegner at (715) 526-2141
(Name of person) (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Wisconsin *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Genex Cooperative, Inc.

2. The principal office address: 100 MBC Drive PO Box 469
Shawano WI 54166

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4-1-99 Document number: _____

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 South Pine Island Rd.
Plantation FL 33324

FILED
02 DEC 11 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Allan Preslaski
5811 30th CT E
(P.O. Box or personal mailbox NOT acceptable)
Ellenton FL 34222-4364

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of any officer, chairman or vice chairman of the board) Larry J. Romuald, Treasurer (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Allan Preslaski (Signature of Registered Agent) 12-02-02 (Date)

If signing on behalf of an entity:
Allan Preslaski (Typed or Printed Name) Area Sales Representative (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314