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(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



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: May 31, 2019

Order#: 753670-006

Re: POYRY (APPLETON) LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. N	ame of the limited liability company: POYRY (APP	LETON) LL	С			.=	
2. (a)	2323 E CAPITOL DRIVE	(b)	P.O. BC	X 8028			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	APPLETON, WI 54911		APPLETON, WI 54912-8028				
		<u></u> -	 	.			 -
	10/26/2007		M0700000	06405			
3.	Date of filing/registration in Florida	4.		Document number	er		
5. (a)	C T CORPORATION SYSTEM						
J. (11)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:	:			
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)					
		·· ·					
	PLANTATION F	I. <u>33324</u>					
					\sum_{S}	-	
(b)	Corporation Service Company					و ک	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:		lafi Mar	J. K.	Ti
					SS	₩ 	7
	1201 Hays Street				CO CO	7870	171
	NEW Registered Office Address:				RY OF STATE	ŏ Z	J
					<u>25</u>	Ģ⊓	
					Δ 2	ယ	
	Tallahassee F	L 32301					
	, 1	1. 02007	 				
	imited liability company is not organized under the la						
	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I						
was/w	ere authorized by an affirmative vote of the members	of the limit	ed liability	company or as o			
ine art	icles of organization or the operating agreement of the		•				
Sians	Signature of a member or authorized representative of a member			uthorized Person Printed or typed name of signee			
					-		dat. at
i nere proviși	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	e performa	n inis capa nce of my <u>d</u>	uties, and Lam fo	ree 10 c imiliar i	ompiy with a	with the nd accep
'ne obi 'o mer	ligations of my position as registered agent as provid ely reflect a change in the registered office address. I	ed for in Ci Thereby coi	iapter 605. ifirm that th	F.S. Or, if this a he limited liabilit	tocumer y compo	n is be any ha	ring filed s been
шин	a in writing of this change.	-	-	-	•	-	
	Maca: Cokuble re of Registered Agent Corporation Service Company			by, Assistant Vi	_		