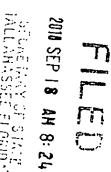
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 14, 2018

Order#: 376770-010

Re: JOHNSONVILLE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25___.

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: Ami Casper

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

2018 SEP 18 AM 8: 24

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.

1.	Name of the limited liability company: JOHNSONVILL	E, LLC	
2. (a	N6928 Johnsonville Way	(b)	P.O. Box 906
<i>2</i> . (2	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(%)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sheboygan Falls Wi 53085	-	Sheboygan Falls, WI 53085-0906
	04/29/2009		M09000001596
3.	Date of filing/registration in Florida	4.	Document number
5. (a	C T Corporation System		
` '	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	Plantation . FL	33324	
(b)			
	·		
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	7655: 22 28 28 28 28 28 28 28 28 28 28 28 28
	1001 Have Charact		\sim \sim \sim \sim
	1201 Hays Street NEW Registered Office Address:		
	Augusta onto Augusta		SS an
	Tallahassee	32301	
the cl agent was/v the ar	limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of the of organization or the operating agreement of the law of a member or authorized representative of a member why accept the appointment as registered agent and agree	the regist ability cor If the limi limited lia Jill C	State of Florida, it is hereby confirmed that after ered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. ilmi, Authorized Person Printed or typed name of signee
provi the oi to me notifi	sions of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address, I have of Registered Agent Corporation Service Company	performa d for in Ci iereby coi	in this Capacity. Juriller agree to comply with the need of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed after that the limited liability company has been in M. Casper, Asst. Vice President