

MI1000003681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

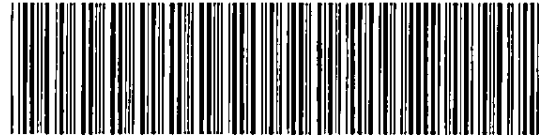
(Document Number)

30 Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



900400727479

2023 JAN 18 AM 9:27

STATE

FILED



2023 JAN 18 PM 3:23

A. BUTLER

JAN 19 2023

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

ACCOUNT NO. : I20000000195

REFERENCE : 382052 8401376

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : January 17, 2023

ORDER TIME : 2:35 PM

ORDER NO. : 382052-035

CUSTOMER NO: 8401376

CHANGE OF AGENT

NAME: CASCO PROFESSIONAL SERVICES,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: _____

**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: CASCO PROFESSIONAL SERVICES, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

12 SUNNEN DRIVE SUITE 100

SAINT LOUIS, MO 63143

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

12 SUNNEN DRIVE SUITE 100

SAINT LOUIS, MO 63143

07/20/2011

M11000003681

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NRAI SERVICES, INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Dan Cutter

Dan Cutter, Manager

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

GRACE E. KIRBY, ASST. VICE PRESIDENT

Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**