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Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE GORMAN EMPLOYEE GROUP 6, LLC

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CT CORPORATION

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: GORMAN EMPL	OYEE GROUP 6, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 200 NORTH MAIN STREET OREGON WI 53575
(b) Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)	200 NORTH MAIN STREET OREGON WI 53575
12/21/2011 3. Date of filing/registration in Florida	M11000006399 4. Document number
5. (a) Registered Agent and Registered Office shown on t	Ž.
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	V Registered Office address:
NEW Registered Agent:	C T Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the FI and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of member or authorized representative of a member Joyce Wuetrich, Corporate Secretary, Gorman & Company, Inc. Printed or typed name of signee	orida street address of the registered office leal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of a metal am familiar with and accept the obligations of my post chapter 608, F.S. Or, if this document is being filed to metal address, I hereby confirm that the limited liability company By: CT Corporation System CT Corporation System Division of Corporations, P.O. Box 631	Connie Bryan Grendenie Courobath
FILING FEE: \$2 INHS18 (05/08)	:s.no :

72/04/2012 10:45 8656336092 CT C

PAGE 02/03

PLATS - 11/09 2012 Wolfen Minister Online

C T Corporation System

208 South LaSalle Street Suite 814 Chicago IL 60604

Megan K Morrison

Chicago Corporate Team 4

SERVICE REQUEST FORM

Phone: (312)345-4328Fax: (312)345-4344

C T Corporation System

Fax:

Order #: 8620531 SQ

515 East Park Avenue Tallahassee FL 32301 Phone: (850) 222-1092 (850) 222-7615

Date:

12/04/12 - 07:47:08

Email: CLS-CTTallahasseeFulfillment@wolterskluwer.com

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Qty 1

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Suite One

Waukesha WI 53188

Email: |werther@reinhartlaw.com, mschuetz@GormanUSA.com, nsolheim@gormanu

Phone: (262) 951-4586 Fax: 262-951-4690



Page: 1 of 1

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