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| (Requestor's Name) | | | | | | | | | | | |
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| | | | | | | | | | | | |
| (Address) | | | | | | | | | | | |
| | | | | | | (City/State/Zip/Phone #) | | | | | |
| | | | | | | PICK-UP WAIT MAIL | | | | | |
| (Puninger Entity Name) | | | | | | | | | | | |
| (Business Entity Name) | | | | | | | | | | | |
| (Document Number) | | | | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | | | | |
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Office Use Only



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2024 DEC 12 AM 9: 37

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 812789 7131576

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 5, 2024

ORDER TIME : 1:34 PM

ORDER NO. : 812789-006

CUSTOMER NO: 7131576

CHANGE OF AGENT

NAME: DANNY'S CONSTRUCTION COMPANY,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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: DANNY'S CONSTRUCTION COMPANY, LLC | | | | | |
|-------------------------------|--|---|-------------------------------------|---|--|--|
| 2 | (a) | 1066 W 3rd AVENUE | (1 | PO BO | K 11 | |
| | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SHAKOPEE, MN 55379 | | |
| | | SHAKOPEE, MN 55379 | | | | |
| | | 03/12/2013 | _ | M130000 | 001564 | |
| 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 | | | ate: | |
| | | | | | | |
| | | Plantation, FL_ | 33324 | | FIL 2024 DEC 12 TALLAHASS | |
| | (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company <u>NEW Registered Office Address:</u> 1201 Hays Street | Office ad | ldress: | FILED 2024 DEC 12 AM 9: 37 ALLAHASSEE. FLORIDA | |
| | | Tallahassee, FL | 32301 | | _ | |
| cha age wa | ange ent v is/we | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | registere bility co f the lim | ed office a impany, it iited liabili | nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in | |
| | | s/ Ann Menden | Anr | Menden, | Authorized Person | |
| I l pro the to no | herel ovisi obli merc tified | ture of a member or authorized representative of a member by accept the appointment as registered agent and agro ins of all statutes relative to the proper and complete p igations of my position as registered agent as provided ily reflect a change in the registered office address. I h I in writing of this change: Grace E. re of Registered Agent | perform l for in (ereby co | in this cap ance of my Thapter 60 onfirm that Asst. Vice | duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been | |

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