(Req	uestor's Name)	,		
(Áddress)				
(Address)				
(City	/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

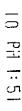
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Office Use Only



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C. GOLDEN AUG 2 2 2020



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: July 8, 2020

Order#: 345676-005

Re: JACK SCHROEDER AND ASSOCIATES, 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

## 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. 1	Name of the limited liability company:	DEDER AND	D ASSOCIATES, LLC	
2. (a	2064 Allouez Avenue		)	
2. (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)	
	Green Bay, WI 54311			
	09/06/2019	N	M19000008949	
3.	Date of filing/registration in Florida	4.	Document number	
5. (	Incorp Services, Inc.			
5. (a)	Registered Agent and Registered Office shown on the records 17888 67th Court North	of the Florida I	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2000	
	Loxahatchee		<del></del>	
	,	FL	<del></del>	
(F	.)		P.:.	
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	dress:	
			<u>5</u>	
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	FL		
chan agen was/	e limited liability company is not organized under the lige or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the	he registered liability com s of the limit	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in	
	Gideon C. Moore	Gideo	eon C. Moore, Authorized Person	
I he proving the or	nature of a member or authorized representative of a member reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provide reflect a change in the registered office address. Bed in writing of this change.	igree to act i. te performar ded for in Ch I hereby con	Printed or typed name of signee in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept chapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been	
ŭ	Signature of Registered Agent  A mi M. Casper, Asst. Vice President			

Ami M. Casper, Asst. Vice President Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00