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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION COST LIMIT : \$ 25.0 ORDER DATE: April 8, 2024 ORDER TIME: 2:08 PM ORDER NO. : 402293-017 CUSTOMER NO: 8446802 CHANGE OF AGENT NAME: KUKA SYSTEMS NORTH AMERICA LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Shauna Godbolt

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.	Na	me of the limited liability company: KUKA SYSTEM	S NORT	îH —	TH AMERICA LLC
2.	(a)		a	h)	n)
٠.	(ω) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		6600 CENTER DR			6600 CENTER DR
		STERLING HEIGHTS, MI 48312	_		STERLING HEIGHTS, MI 48312
		12/20/2021		ŧ	M21000017630
3.		Date of filing/registration in Florida	4.		Document number
5	(a)				
	()	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	the Florida	a L	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		1200 S PINE ISLAND RD			第17 日 日 日 日 日 日
		PLANTATION	33324		ED AM 10: 35
					Sign of the sign o
	(b)				·
		Taker hand of the registered agent mood the registered	Other au		MILES.
		Corporation Service Company			
		NEW Registered Office Address:			
		1201 Hays Street			
		Tallahassee FL	32301		
cha age wa:	inge ent w s/we	mited 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- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere bility co f the lim limited l	ed om nite lia	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in iability company.
_		Xie E. Cleni	JILL	L (CILMI, AUTHORIZED PERSON
		ure of a rhember or authorized representative of a member			Printed or typed name of signee
I h pro the to r not	ereb visio obli nere ified	y accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have the change in the registered office address. I have the content of this ohange.	ee to act perform I for in C iereby co	ii an Ch on	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
			GRACE	ĒΕ	E. KIRBY, ASST. VICE PRESIDENT