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OIRE USA, L.L.C.							01	APR 31	אק כ	5: 24		2
							SE	CRETAF AHAS	Y OF	STATE		
Principal Pla	ce of Business		Mailing Address				TAL	_AHAS	SEE, FI	LUKIUP		
10350 BREN MINNETONKA	ROAD WEST A MN 55343		10350 BREN ROAD WES MINNETONKA MN 55343				: 10010011 110 40111 40	<b>22</b> (1) <b>25</b> (1)	88(2) <b>48</b> 11( <b>16</b>	, 	. 18161 6111 1861	
2. Principal I	Place of Busine	ess	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO N	IOT WRITE	IN THIS S	PACE	MJH	
City & Sta	te		City & State			4. FEI	Number 41-18	41-1894300			applied For lot Applicable	3
Zip		Country	Zip	Count	ry	<b>5.</b> Cer	rtificate of Status D	esired		5.00 Ac		
	6. Name a	and Address of Current	Registered Agent	<u> </u>	Mana		me and Address o	of New Reg		<u> </u>		_
CORPOR	ATION SERVI	ICE COMPANY		-	Name -		81				<u> </u>	_
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Sireei A	Address (P.O. Box	Number is Not Ac	ceptable)		_		_
TALLAHA	SSEE FL 323	301-2525		ļ						<del></del>		
					City				FL	Zip Cod	ie	
									<u></u>			1
8. The above	e named entity	submits this statement for	or the purpose of changing its	 : egistere		r registered agent	, or both, in the Sta	ate of Florid		1 2.5		-
8. The above					d office or			ate of Florid	da.			4
		submits this statement for printed name of registered agent	and title if applicable. (NOT	E Registered	d office or	ture required when reinsta		ate of Florid				
			and title if applicable. (NOT	E Registered	d office or	ure required when reinste		ate of Florid	da.			
			and title if applicable. (NOT  FILE N  Make Check Pa	E Registered	d office or	ure required when reinste	ating)	ate of Florid	DATE HANGES			((
SIGNATURE  9.	Signature, typed or	printed name of registered agent	and title if applicable. (NOT	E Registered C W!!! F	Agent signati	ure required when reinste	ating)		DATE HANGES	☐ Change	Addition	11/00)
9. HITLE NAME STREET ADDRESS	Signature, typed or  MGR BEDNAROV 10350 BREI	printed name of registered agent	and title if applicable. (NOT  FILE N  Make Check Pa	Registered  ( Will F able to  10.  THE  NAME  STREE	Agent signati	ure required when reinste	ADD	ITIONS/C	DATE HANGES	Change	_	E083 (11/
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEDNAROV 10350 BREI MINNETONI	MANAGING MEME VSKI, KEITH P N ROAD WEST KA MN 55343	and title if applicable. (NOT  FILE N  Make Check Pa	E Registered  Will F  able to  10.  THE  NAME  STREE  CITY-  TITLE	Agent signant EE IS \$ Depart T ADDRESS ST-ZIP	ure required when reinste	ADD	ITIONS/C	DATE HANGES	☐ Change	Addition	E083 (
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/01 952 656 4644

Date Daytime Phone #