

m99000000721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

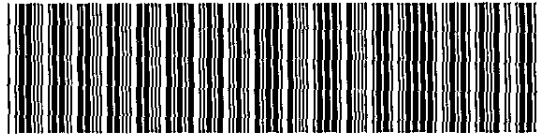
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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 973746 4306884

AUTHORIZATION : *Patricia Kizit*

COST LIMIT : \$ 25.00

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TALLAHASSEE, FLORIDA

ORDER DATE : November 16, 2004

ORDER TIME : 9:54 AM

ORDER NO. : 973746-095

CUSTOMER NO: 4306884

CUSTOMER: Ms. Kate L. Albrecht
Michael, Best & Friedrich Llp
Suite 3300
100 East Wisconsin Avenue
Milwaukee, WI 53202

CHANGE OF AGENT

NAME: DOHMEN DISTRIBUTION PARTNERS
SOUTHEAST, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

**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. The name of the limited liability company is: DOHMEN DISTRIBUTION PARTNERS SOUTHEAST, L.L.C.

2. The mailing address of the limited liability company is : _____

W194N, 11381 McCormick Drive, Germantown, WI 53022

May 11, 1999

M99000000721

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robert Dohmen

(Signature of a member or authorized representative of a member)

Robert Dohmen

Authorized Person

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Marva Williams
(Signature of Registered Agent) Marva Williams, Assistant Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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