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





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2024 SEP 24 AM 9: 15

ALLERANOULL CO

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 'FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	617,0502, 607,1508, or 617,1508, Florida St n organized under the laws of the State of <u>F</u>	L	his	
in orde	r to change its registered office o	r registered agent, or both, in the State of Fl	orida.		
L. The name of t	he corporation: LEHIGH CORPO	RATION	 		
2. The principal	office address: 30 W. Superior St	treet Duluth, MN 55802	·		
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 08/25/200	Document number: P000000	81025		
	street address of the current regi- tment of State: (If resigned, enter	stered agent and registered office on file with resigned)	n the		
	C T Corporation System				
	1200 South Pine Island Road, Broward County		O.	2	
	Plantation	FL 33324	E E	024 SI	
6. The name and (if changed):	street address of the new registe	red agent (if changed) and /or registered offic	4 AS		
	Corporation Service Company		SEE	升。	
	1201 Hays Street		그로	9:	
	P.O. Box NOT acceptable			O1	
	Tallahassee	FL 32301			
The street addre	ss of its registered office and the be identical.	e street address of the business office of its	register	ed agent,	
Such change wa authorized by th	is authorized by resolution duly be board, or the corporation has l	adopted by its board of directors or by an obeen notified in writing of the change.	officer so)	
/s/Julie L. Pac	dilla	Julie L. Padilla	Secreta	ary	
Signatur	e of an officer or director	Printed or typed name and title	ē .		
I further agree t of my duties, an document is bei corporation has	the appointment as registered a ocomply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this a Service Company	gent and agree to act in this capacity, all statutes relative to the proper and comp the obligation of my position as registered ge in the registered office address, I hereby change.	olete per agent. (confirn	formance Or, if this a that the	
By: Mage	T-Kubl nature of Registered Agent	09/23/2024	09/23/2024 Date		
_	half of an entity:	1/dic			
	·				
	Asst. Vice President ped or Printed Name	_			
·	* * * F1[.1	NG FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)
CSC 644233