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Division of Corporations

Fax Number : (850)617-6380

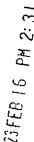
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)298-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future $\epsilon_c$ annual report mailings. Enter only one email address please. \*\*

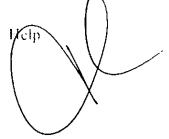
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## REGISTERED AGENT CHANGE KORNACKI & ASSOCIATES, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi; r to change its registered office or register	zed under the lows	s of the State of $\frac{W}{W}$	isconsin		
<ol> <li>The name of t</li> <li>The principal</li> </ol>	he corporation: Kornacki & Associates, Inc office address: 2845 S. Moorland Rd., NEW	! BERLIN, WI 531	51			
3. The mailing a	ddress (if different):		pue933			
4. Date of incorp	poration/qualification: 11/07/1985	Document no	imber: Fuei/33		<del></del>	
	I street address of the current registered ag tment of State: (If resigned, enter resigned		office on file with	the		
	Komacki, Brenda Kaye		· ·	٠		
	7100 ESTERO BLVD, TERRA MAR - AP	T. 401	· · · · · · · · · · · · · · · · · · ·			
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic  C T Corporation System  1200 South Pine Island Road			TALLAHA	2023 FEB 16	
	1200 South Pine Island Road			\$ <u>\$</u>	AM	
	Plantation, Florida 33324	NOI acceptable		FAIL	9: 19	C
The street addre as changed will	ss of its registered office and the street a be identical.	ddress of the bus	iness office of its r	egistered	agent.	
	is authorized by resolution duly adopted the board, or the corporation has been not					
Signatur	e in allymites in timesto.		B. Kornach			
I hereby accept I further agree t of my duties, an document is bein corporation has C T Compression	the appointment as registered agent and o comply with the provisions of all statu d I am familiar with and accept the obliging fled merely to reflect a change in the been notified in writing of this change.	lagree to act in the test relative to the gation of my posit registered office	nis capacity, proper and complion as registered a address, Thereby	lete perfo. igent. Or confirm t	rmance if this hat the	
	Nu Town	2/1	6/2023			
Sign	iature of Registered Agent		Date			
It signing on be	half of an entity:					
	n, Asst Secretary ped or Printed Name					
	* * * FILING FE	E: \$35.00 * * *				
	Management and Training Training	ner i Describert	in on One mi			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALEABASSEF, FL 32314 CR2E015 (04/13)

By: