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SECRETARY OF STATES

AREA HASSES FROM 15

## COVER LETTER

TO: Amendment Section

Division of Corporations

F-USA INC.

Name of Corporation

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY WILLETTS

Name of Contact Person

GRAEF-USA INC.

Firm/Company

125 S. 84TH STREET, SUITE 401

Address

MILWAUKEE, WI 53214

City/State and Zip Code

MARY.WILLETTS@GRAEF-USA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY WILLETTS

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of WISCONSIN to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: GRAEF-USA INC.
2. The principal	office address: 125 S. 84TH STREET, SUITE 401 KEE, WI 53214
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 11/7/1985 Document number: P08036
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	CT CORPORATION SYSTEM
	1200 S. PINE ISLAND ROAD
	PLANTATION, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
	SCOTT HINRICHS / GRAEF-USA INC.
	1059 MAITLAND CENTER COMMONS BLVD., SUITE 200
	P.O. Box NOT acceptable  MAITLAND, FL 32751
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
fum Kor Signatur	TIM ROBINSON, CFO Printed or typed name and title
ageni. Or, yiyi	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sigr	ature of Registered Agent  Date
If signing on bel	half of an entity:
	IRICHS, V.P.

\* \* \* FILING FEE: \$35.00 \* \* \*