P14 000 065 098

(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Cit	ty/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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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 815897 7607005

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : December 6, 2024

ORDER TIME : 12:25 PM

ORDER NO. : 815897-018

CUSTOMER NO: 7607005

CHANGE OF AGENT

NAME: FORNO DE MINAS USA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _______

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

statement of char	provisions of sections 607.0502, 617.0502, age is submitted for a corporation organize to change its registered office or registere	ed under the laws of the State of <u>FL</u>		
1. The name of the	ne corporation: FORNO DE MINAS USA, I	NC		
	office address:			
3. The mailing a	ldress (if different):			
4. Date of incorp	oration/qualification: 08/04/2014	Document number: P14000065	5098	
5. The name and	street address of the current registered age: ment of State: (If resigned, enter resigned)	nt and registered office on file with		
	ACCUWISE SOLUTIONS, INC		24	
	5047.51.4450.000.5		DEC 26	
	DEERFIELD BEACH, FL 33064		L	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			TH W 31	
	Corporation Service Company		•	
	1201 Hays Street			
		OT acceptable		
	Tallahassee	FL 32301		
	ss of its registered office and the street ad be identical.			
Such change wa authorized by th	s authorized by resolution duly adopted be board, or the corporation has been notif	y its board of directors or by an officed in writing of the change.	īcer so	
/s/ Chad Hutch	nison (Chad Hutchison	Secretary	
Signatur	e of an officer or director	Printed or typed name and title		
I further agree to of my duties, and document is being corporation has	the appointment as registered agent and a comply with the provisions of all statute of Lam familiar with and accept the obliga- ng filed merely to reflect a change in the r been notified in writing of this change. I Service Company	ngree to act in this capacity. Is relative to the proper and compl ation of my position as registered a registered office address, I hereby o	ete performance gent. Or, if this confirm that the	
By: Jy	ature of Registered Agent	12/18/2024		
If signing on bel				
	Asst. Vice President			
ij	* * * FILING 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)