

P14684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

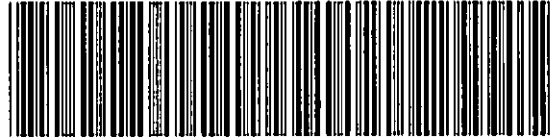
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500390617625

FILED

2022 JUL -7 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 JUL -7 PM 1:33  
TALLAHASSEE, FLORIDA

A. BUTLER

JUN 08 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 778481 7129618

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : June 29, 2022

ORDER TIME : 10:11 AM

ORDER NO. : 778481-092

CUSTOMER NO: 7129618

CHANGE OF AGENT

NAME: MILLERKNOLL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: \_\_\_\_\_

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Michigan in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MILLERKNOLL, INC.
2. The principal office address: 855 E. Main Avenue, Attn: Corp. Tax Dept. 0110, Zeeland, MI 49464-0302
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/02/1987 Document number: P14684
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI Services Inc.

1200 South 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):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JUL -7 AM 9:11

FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jill E. Cilmi  
Signature of an officer or director

Jill Cilmi, Vice President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: Ami M. Casper  
Signature of Registered Agent

07/06/2022

Date

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President

Typed or Printed Name

\*\*\* 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)

# JUDGMENT LIEN CERTIFICATE

FOR PURPOSES OF FILING A JUDGMENT LIEN, THE FOLLOWING INFORMATION IS SUBMITTED IN ACCORDANCE WITH § 55.203, FLORIDA STATUTES.

JUDGMENT DEBTOR (DEFENDANT) NAME AS SHOWN ON JUDGMENT, IF AN INDIVIDUAL IS:

LAWSON JEREMY  
LAST NAME FIRST NAME  
10360 WEST CR 18  
MAILING ADDRESS  
LAKE BUTLER FL 32054  
CITY ST ZIP

ADDITIONAL JUDGMENT DEBTOR, IF AN INDIVIDUAL IS:

\_\_\_\_\_  
LAST NAME FIRST NAME  
\_\_\_\_\_  
MAILING ADDRESS  
\_\_\_\_\_  
CITY ST ZIP

JUDGMENT DEBTOR (DEFENDANT) NAME AS SHOWN ON JUDGMENT, IF A BUSINESS ENTITY IS:

\_\_\_\_\_  
BUSINESS ENTITY NAME  
\_\_\_\_\_  
MAILING ADDRESS  
\_\_\_\_\_  
CITY ST ZIP

FEDERAL EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

DEPARTMENT OF STATE DOCUMENT FILE NUMBER: \_\_\_\_\_

PLEASE CHECK BOX IF DOCUMENT NUMBER IS NOT APPLICABLE ☐

JUDGMENT CREDITOR (PLAINTIFF) NAME AS SHOWN ON JUDGMENT OR CURRENT OWNER OF JUDGMENT, IF ASSIGNED:

WILLIAM KELLY  
CREDITOR NAME(S)  
308 SE LOXLEY GLEN  
MAILING ADDRESS  
LAKE CITY FL 32024  
CITY ST ZIP

DEPARTMENT OF STATE DOCUMENT FILE NUMBER: \_\_\_\_\_

PLEASE CHECK BOX IF DOCUMENT NUMBER IS NOT APPLICABLE ☐

OWNER'S ATTORNEY OR AUTHORIZED REPRESENTATIVE (ACKNOWLEDGMENT OF FILING WILL BE SENT TO THIS ADDRESS):

\_\_\_\_\_  
NAME  
\_\_\_\_\_  
MAILING ADDRESS  
\_\_\_\_\_  
CITY ST ZIP

AMOUNT DUE ON MONEY JUDGMENT: \$ 3105.31

APPLICABLE STATUTORY INTEREST RATE: 4.25%

UNDER PENALTY OF PERJURY, I hereby certify that: (1) The judgment above described has become final and there is no stay of the judgment or its enforcement in effect; (2) All of the information forth above is true, correct, current and complete; (3) I have not previously filed a Judgment Lien Certificate regarding the above judgment with the Department of State; and, I have complied with all applicable laws in submitting this Judgment Lien Certificate for filing.

SIGNATURE OF CREDITOR OR AUTHORIZED REPRESENTATIVE

William Kelly

PRINT NAME

WILLIAM KELLY

## NON-REFUNDABLE PROCESSING FEE:

JUDGMENT LIEN WITH ONE DEBTOR \$ 20.00

EACH ADDITIONAL DEBTOR \$ 5.00

EACH ATTACHED PAGE, IF NECESSARY \$ 5.00

CERTIFIED COPY REQUESTED \$10.00 ☒

Division of Corporations • P.O. Box 6250 • Tallahassee, FL 32314 • 850-245-6011  
Make Checks Payable to: Florida Department of State

DO NOT PHOTOCOPY THIS FORM PRIOR TO USE.  
BAR CODE MUST BE LEGIBLE.



2022 JUL 11 AM 9:44

FILED

1220000817422  
07/01/22--01030--002 \* 30.00

THIS SPACE FOR USE BY FILING OFFICE

11. NAME OF COURT:

THIRD JUDICIAL CIRCUIT  
COLUMBIA COUNTY FL

12. CASE NUMBER:

2021-1314-SC

13. DATE OF ENTRY: MAY 23, 2022  
MONTH DAY YEAR

RECEIVED

2022 JUL 11 AM 7:55