## P27141

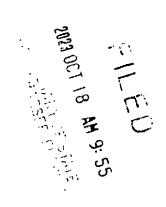
(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
Certified Copies Certificates of Status				
Cassial Instructions to Filing Officer				
Special Instructions to Filing Officer:				

Office Use Only



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RA & RO Charge



RECEIVED 2023 OCT 18 PM 3: 37 SECRETARY OF STATE PALLAHASSEE FINANCE

A. RAMSEY OCT 19 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 061913 4342287				
AUTHORIZATION: CARLICE MA				
COST LIMIT : \$ 35.00				
ORDER DATE : October 11, 2023				
ORDER TIME : 2:42 PM				
ORDER NO. : 061913-081				
CUSTOMER NO: 4342287				
CHANGE OF AGENT				
NAME: JOHN B. GOODMAN ENTERPRISES, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  NEXT PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland-sorenson				

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0302, 617.030. inge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of th	e State of MN	
	the corporation: JOHN B. GOODMAN EN		ASKA, MN 55318	
3. The mailing a	ddress (if different):			
	poration/qualification: 12/05/1989			
5. The name and	I street address of the current registered at timent of State: (If resigned, enter resigne	gent and registered office	· // //	
	NRAI SERVICES, INC		3	
	1200 South Pine Island Road			
-	Plantation	FL 3332	4	
6. The name and (if changed):	street address of the new registered agen	nt (if changed) and /or reş	gistered office	
	Corporation Service Company			
	1201 Hays Street			
	P.O. Box NOT acceptable			
	Tallahassee	FL 3230	1	
The street addre as changed will	ss of its registered office and the street a be identical.	address of the business	office of its registered agent.	
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of director tiffed in writing of the c	s or by an officer so hange.	
Xie	2 agric	Jill Cilmi, Vice Presider	nt	
Signatur	e of an officer or director	Printed or type	d name and title	
l furTher agree t of my duties, an document is bei corporation has	the appointment as registered agent and comply with the provisions of all state of a language of all state of a language of the obling filed merely to reflect a change in the been notified in writing of this change.  Service Company	I agree to act in this cap ites relative to the prope gation of my position as registered office addre	oacity. or and complete performance or registered agent. Or, if this oss, I hereby confirm that the	
•	Takubl nature of Registered Agent	10/18/2023		
Sign	nature of Registered Agent	Da	ate	
If signing on be	half of an entity:			
<del></del>	Asst. Vice President			
Ту	ped or Printed Name	<b>7</b>		
	* * * FILING FE	E: \$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)