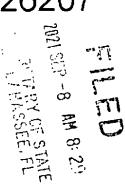
## P28910

(F	Requestor's Name)	
(/	Address)	
(,	Address)	<u>.                                    </u>
(5	City/State/Zip/Phone #	)
PICK-UP	MAIT	MAIL
(1	Business Entity Name	)
(i	Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions	to Filing Officer:	<del> </del>

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2021 SEP -8 AMIL: 37

SECENTED SECTIONS

Y SHIKER

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195		
REFERENCE : 986094 8355067		
AUTHORIZATION: Spelle man		
COST LIMIT : \$ 35.00		
ORDER DATE : September 2, 2021		
ORDER TIME : 10:29 AM		
ORDER NO. : 986094-008		
CUSTOMER NO: 8355067		
CHANGE OF AGENT		
NAME: CONLON CONSTRUCTION CO.		
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

statement of cha	inge is submitted for a corporal	2. 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of A	
	the corporation: CONLON CON		
		LE RD, DUBUQUE, IA 52003	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 04/16/19	Document number: P28910	
5. The name and		gistered agent and registered office on file with the	
	REGISTERED AGENT SOL	UTIONS, INC.	
	1550 OFFICE PLAZA DRIVE SUITE A		
	TALLAHASSEE, FL 32301		
6. The name and (if changed):	d street address of the new regis  Corporation Service Compan	tered agent (if changed) and /or registered office	
	1201 Hays Street	T, T and an annual and an annual and annual annual and annual annual and annual ann	
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301 600 H	
_		he street address of the business office of its registered agent	
Such change wa authorized by th	s authorized by resolution dul se board, or the corporation ha	y adopted by its board of directors or by an officer so speen notified in writing of the change.	
	Zie E. Clemi	Jill Cilmi, Vice President	
Č	e of an officer or director	Printed of typed name and title	
I hereby accept I further agree t of my duties, an document is beil corporation has Corporatior	the appointment as registered o comply with the provisions of I am familiar with and acceping filed merely to reflect a chaben notified in writing of this Service Company	agent and agree to act in this capacity. If all statutes relative to the proper and complete performance If the obligation of my position as registered agent. Or, if this If the registered office address, I hereby confirm that the If the change.	
3y: <u> </u>	ature of Registered Agent	09/08/2021	
_	nature of Registered Agent	Date	
	Asst. Vice President		
<del></del>	ped or Printed Name	_	

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