P38969

(Re	equestor's Name)			
,	,			
(Address)				
(Address)				
	•			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
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<u> </u>				

Office Use Only



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10/28/19--01817--005 **35.00

NOV 22 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 25, 2019

Order#: 014530-008

Re: AGCO CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provision statement of change is suf	bmitted for a corporation	n organized under the lav	vs of the State of $\underline{\mathbb{L}}$	DE
		r registered agent, or bot ATION	h, in the State of Fl	orida.
1. The name of the corpor				
2. The principal office add	iress:	Parkway, Duluth, GA 3t		_
3. The mailing address (if	different):		·····	
4. Date of incorporation/q	ualification: 05/22/199	2 Document	number: P38969	
5. The name and street ad Florida Department of	dress of the current regis		ed office on file wit	h the CCT
C T COP	C T CORPORATION SYSTEM			20
1200 SC	1200 SOUTH PINE ISLAND ROAD			
PLANTA	PLANTATION, FL 33324			. .
6. The name and street ad (if changed):	dress of the new register	red agent (if changed) and	d /or registered offi	ice 😕
Corpora	tion Service Company			
12 01 Ha	ys Street			
	P.O. Box. NOT acceptable			
Tallahas ———————————————————————————————————	ssee 	FL	32301	
The street address of its as changed will be identi	registered office and the cal.	e street address of the bu	siness office of its	registered agent.
Such change was authoriauthorized by the board,	zed by resolution duly a or the corporation has b	adopted by its board of doeen notified in writing o	lirectors or by an o of the change.	fficer so
Zie E	agni		Jill Cilmi, Vice President	
Signatury of an office I hereby accept the apport of the a	er or director intment as registered as with the provisions of s, and I am familiar wit ent is being filed merely corporation has been no	gent and agree to act in all statutes relative to the hand accept the obligate to reflect a change in the office in writing of this c	ie proper and comp ion of my position he registered office	olete as registered
By: Livaca C. T. Signature of Re	-\	10/10/2019	10/18/2019 Date	
If signing on behalf of ar	i entity:			
Grace E. Kirby, Asst. Vid	e President			
Typed or Print	ied Name	-		
	* * * FILI	NG FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)