P40406

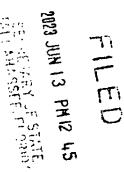
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A. RAMSEY
JUN 1 4 2023

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195
REFERENCE	794958 7726502
AUTHORIZATION	
COST LIMIT	: 05/35/00 ena
ORDER DATE : June 6, 2023	
ORDER TIME : 2:04 PM	
ORDER NO. : 794958-177	
CUSTOMER NO: 7726502	
CHANGE OF	<u> </u>
PLEASE RETURN THE FOLLOWING A	S PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Alexxis Weil	and-sorenson
Е	XAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $^{\circ}$

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of WI egistered agent, or both, in the State of Florida.	-
	he corporation: PIERCE MANUFAC		
	office address: 2600 AMERICAN DI		_
3. The mailing a	ddress (if different): P.O. BOX 2	2017 APPLETON, WI 54913-2017	_
4. Date of incorp	poration/qualification: 09/10/1992	Document number: P40406	
	I street address of the current registe tment of State: (If resigned, enter re-	red agent and registered office on file with the signed)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROA	28	
	PLANTATION	FL 33324	-4
6. The name and (if changed):	street address of the new registered	FL 33324 agent (if changed) and /or registered office 7.5	7
	Corporation Service Company		7
	1201 Hays Street		
	P.	O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office and the st be identical.	reet address of the business office of its registered agen	ıt.
Such change wa authorized by th	is authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an officer so notified in writing of the change.	
X()	e E GOnie	JILL CILMI, VICE PRESIDENT	
x ignutur	e of an officer or director	Printed or typed name and title	•
l further agrée t of my duties, an document is beil corporation has	the appointment as registered ager o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change to been notified in writing of this cha n Service Company	nt and agree to act in this capacity. statutes relative to the proper and complete performan obligation of my position as registered agent. Or, if th in the registered office address. I hereby confirm that th inge.	ce is ie
Diaco	CKuble	06/13/2023	_
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
GRACE E. KIRB	Y, ASST. VICE PRESIDENT		
Ty	ped or Printed Name		

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