P40595

(Rec	uestor's Name)				
(Add	iress)				
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(City	/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Bus	iness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to F	iling Officer:				
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SECRETARY OF STATE TALLAMASSEE, FLORIDA

FEB 13 2015 T. CARTER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: February 4, 2015

Order#: 376311-014

Re: MULE-HIDE PRODUCTS CO., INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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

statement of cha	provisions of sections 607.0502, nge is submitted for a corporatio r to change its registered office o	on organized under i	the laws of the Sta	te of TX	_
1. The name of t	he corporation: MULE-HIDE PRO	ODUCTS CO., INC.			
2. The principal 1195 PRINC	office address: E HALL DR., BELOIT WI 53511				.
3. The mailing a	ddress (if different): PO Box 83	8, Beloit, WI 53511			
4. Date of incorp	poration/qualification: 09/22/199	Docu	ment number: P40	0595	
	I street address of the current regitment of State: (If resigned, enter	•	gistered office on f	file with the	
	C T CORPORATION SYSTEM	 			
1200 SOUTH PINE ISLAND RD.					
	PLANTATION		FL 33324		TAL
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company			P	
1201 Hays Street					
P.O. Box NOT acceptable)7		
	Tallahassee		FL 32301		
The street address changed will	ess of its registered office and the be identical.	e street address of t	he business office	e of its registered ag	ent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its boar been notified in wri	d of directors or biting of the change	y an officer so	
		Dona Prie	be, Vice Presiden	nt	
Str.atu	re of millicer or director		Printed or typed name		_
I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered a to comply with the provisions of my duties, and I am familiar wi is document is being filed merely that the corporation has been no n Service Company	all statutes relative th and accept the ol y to reflect a chang	e to the proper and bligation of my po e in the registerea	d complete	
By: Yan	re detuble	02/03/20			_
Sig	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Grace E. Kirby,	Asst. Vice President	_			
T	yped or Printed Name				

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