F01000005943

(Re	questor's Name)	
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(Ad	ldress)	
(Cit	y/State/Zip/Phone #)
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·	,	
(Do	ocument Number)	<u> -</u>
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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 065320 8429619

AUTHORIZATION : Tree Se mo

COST LIMIT : \$ 35400

ORDER DATE : October 13, 2023

ORDER TIME : 8:45 AM

ORDER NO. : 065320-006

CUSTOMER NO: 8429619

CHANGE OF AGENT

NAME: GRIPPLE INCORPORATED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX 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	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of _ registered agent, or both, in the State of F	Delaware
	the corporation: GRIPPLE INCOR		
2. The principal	office address: 1611 Emily Lane,	Aurora, IL 60502	
3. The mailing a	address (if different):		
4. Date of incor	of incorporation/qualification: 12/05/2007 Document number: F07000005943		
	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on file wit esigned)	h the
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	023 O
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered offi	,: <u>,</u>
	Corporation Service Company		
	1201 Hays Street		MHIO: 40
P.O. Box NOT acceptable			
	Tallahassee	FL 32301	
The street addre as changed will	ess of its registered office and the s be identical.	street address of the business office of its	registered agent,
Such change was authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of directors or by an o en notified in writing of the change.	fficer so
Xiel	LE GOME	Jill Cilmi, Vice President	
Signatur	re of an officer or director	Printed or typed name and little	
l further agrée t of my duties, an document is bei corporation has	to comply with the provisions of al-	nt and agree to act in this capacity. I statutes relative to the proper and comp e obligation of my position as registered in the registered office address, I hereby ange.	nlete performance agent. Or, if this confirm that the
ву: Си	um Keil	10/18/2023	
_	nature of Registered Agent	Date	
t signing on bei	half of an entity:		
	, Asst. Vice President		
Ту	ped or Printed Name		

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