



**State of Missouri**  
**John R. Ashcroft, Secretary of State**  
 Corporations Division  
 PO Box 778 / 600 W. Main St., Rm. 322  
 Jefferson City, MO 65102

**N01382505**  
**Date Filed: 12/8/2023**  
**John R. Ashcroft**  
**Missouri Secretary of State**

**Statement of Change of Registered Agent and/or Registered Office  
 By a Foreign or Domestic For Profit or Nonprofit Corporation or a Limited Liability Company**

Instructions

1. This form is to be used by either a for profit or nonprofit corporation or a limited liability company to change either or both the name of its registered agent and/or the address of its existing registered agent.
2. There is a \$10.00 fee for filing this statement.
3. PO Box may only be used in conjunction with a physical street address.
4. Agent and address must be in the State of Missouri.
5. The corporation may not act as its own agent.

Charter # N01382505

1. The name of the business entity is Missouri Society of American Foresters

2. The address, including street and number, of its present registered office (before change) is  
8965 Hwy 36, Ste 1 Hannibal MO 63401  
*Address* *City/State/Zip*

3. The address, including street and number, of its registered office is hereby changed to:  
222 E DUNKLIN ST STE 102 JEFFERSON CITY MO 65101  
*Address (PO Box may only be used in conjunction with a physical street address)* *City/State/Zip*

4. The name of its **present** registered agent (before change) is: David Vance

5. The name of the **new** registered agent is: PARACORP INCORPORATED

Authorized signature of **new** registered agent **must** appear below:  
PARACORP INCORPORATED  
*(May attach separate originally executed written consent to this form in lieu of this signature)*

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. The change was duly authorized by the business entity named above.

In Affirmation thereof, the facts stated above are true and correct:  
 (The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

<u>Michael Bill</u> <i>Authorized signature of officer, member, manager or, if applicable, chairman of the board</i>	<u>MICHAEL BILL</u> <i>Printed Name</i>
<u>Chairman</u> <i>Title</i>	<u>12/08/2023</u> <i>Date</i>

Name and address to return filed document:

Name: Lindsey Wolfe

Address: Email: lindsey.wolfe@nelsonmullins.com

City, State, and Zip Code: \_\_\_\_\_



**State of Missouri**  
John R. Ashcroft, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

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Charter #: N01382505

1. The name of the business entity is Missouri Society of American Foresters

2. The address, including street and number, of its present registered office (before change) is  
8965 Hwy 36, Ste. 1

Hannibal, MO 63401

*Address*

*City/State/Zip*

3. The address, including street and number, of its registered office is hereby changed to:  
222 E. Dunklin St., Suite 102

Jefferson City, MO 65101

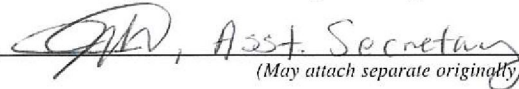
*Address (PO Box may only be used in conjunction with a physical street address)*

*City/State/Zip*

4. The name of its **present** registered agent (before change) is: David Vance

5. The name of the **new** registered agent is: Paracorp Incorporated

Authorized signature of **new** registered agent **must** appear below:



*(May attach separate originally executed written consent to this form in lieu of this signature)*

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. The change was duly authorized by the business entity named above.

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Michael D. Bill

*Authorized signature of officer, member, manager or, if applicable, chairman of the board*

*Printed Name*

Chair

*Title*

*Date*

Name and address to return filed document:

Name: Lindsey Wolfe

Address: 2 West Washington Street, Suite 400

City, State, and Zip Code: Greenville, S.C. 29601

Signature: Michael Bill  
Michael Bill (Oct 17, 2023 11:48 CDT)

Email: michael.bill@mdc.mo.gov