F0200001774

(Re	equestor's Name)				
(Address)					
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16 JAN 13 PH 3: 56
SECRETARY OF STATE
TALLAHASSEE, FLORID.

A RAMSEY



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 11, 2016

Order#: 932365-015

Re: WOODBYRNE CABINETRY, INC.

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: Ami Casper

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

	provisions of sections 607.0502, 6 ange is submitted for a corporation			
in ord	er to change its registered office or	registered agent, or bo	th, in the State of i	Florida.
1. The name of	the corporation: WOODBRYNE C	ABINETRY, INC.		
2. The principa	l office address: 2136 Mailinckrodt	, St. Louis, MO 63107		
		· · · · · · · · · · · · · · · · · · ·		
3. The mailing	address (if different):			
4. Date of incom	poration/qualification: 04/08/200	2 Document	number: F02000	001776
	d street address of the current regis rtment of State: (If resigned, enter		ed office on file w	ith the
	C T Corporation System			ZA
	1200 South Pine Island Road			E SEC
	Plantation, FL 33324			57
6. The name an (if changed):	d street address of the new register	ed agent (if changed) an	d /or registered of	AHASSEE, FLUNG
	Corporation Service Company			, G
	1201 Hays Street			Š
	P.O. B	lox NOT acceptable		
	Tallahassee	FL	32301	
The street addr as changed wil	ess of its registered office and the l be identical.	street address of the bu	siness office of it	s registered agent,
Such change w authorized by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of o een notified in writing o	lirectors or by an of the change.	officer so
Turky	BRu -	TIMOTHY R B		PRESIDENT
- 1	the appointment as registered ag to comply with the provisions of a fmy duties, and I am familiar with ais document is being filed merely that the corporation has been not on Service Company.		ed or typed name and till this capacity. te proper and con ion of my position he registered offic change.	
BY: Actu	gnature of Registered Agent	01/11/20	Date	
	chalf of an entity:			
Sylvia Queppe	t, Asst. Vice President			
	yped or Printed Name			
	* * * FILIN	IG 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)

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

statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ	nized under the la	ws of the State of N	lissouri	
	r to change its registered office or regist	_	th, in the State of Flo	orida.	
1. The name of	the corporation: WOODBRYNE CABINE	ETRY, INC.			
2. The principal					
3. The mailing a	uddress (if different):				
4. Date of incorp	poration/qualification: 04/08/2002 Document number: F02000001776				
	street address of the current registered artment of State: (If resigned, enter resign		ed office on file with	1 the	
	C T Corporation System			ط. ١	
	1200 South Pine Island Road			SECF	
	Plantation, FL 33324			是	
6. The name and (if changed):	1 street address of the new registered age	nt (if changed) an	d /or registered offic	3355. 2355. 255. 255. 255. 255. 255. 255	
	Corporation Service Company			70	
	1201 Hays Street			SE	
	P.O Box NO	•		D	
	Tallahassee	FL.	32301		
The street address changed will	ess of its registered office and the street be identical.	address of the bu	siness office of its i	egistered agent,	
Such change was authorized by the	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of detified in writing o	lirectors or by an of of the change.	ficer so	
Turky!	2 Byr	TIMOTHY R BY		PRESIDENT	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and is document is being filed merely to refithat the corporation has been notified in Service Company.	d agree to act in t utes relative to th accept the obligat lect a change in th n writing of this c		lete is registered address, I	
Sig	nature of Registered Agent	01/11/20	Date Date		
If signing on be	half of an entity:				
	, Asst. Vice President				
T	yped or Printed Name				
	* * * FILING FE	E: \$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)