Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Address:	
	Address:

REGISTERED AGENT CHANGE FOXWORTH-GALBRAITH LUMBER COMPANY

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

statement of cha	provisions of sections 607.0502, 617.050. ange is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of _	Florida	this 			
1. The name of	the compention: FOXWORTH-GALBRAIT	TI LUMBER COMPANY					
2. The principal	the corporation: FOXWORTH-GALBRAIT office address: 4695 PRESTON PARK BL	VD, STE 400 PLANO, TX 75093					
3. The mailing	address (if different): PO BOX 799002 DAI	LLAS, TX 75379-9002					
4. Date of incor	poration/qualification: 09/25/2018	Document number: F180000	04499				
	d street address of the current registered a rtment of State: (If resigned, enter resigne		ith the				
	DEGRAVE, HEATHER A						
	601 BAYSHORE BLVD. STE 720						
	TAMPA, FL 33606		$\overline{\mu}_{i}$	<u>~</u> 2			
6. The name an (if changed):	d street address of the new registered ager	nt (if changed) and /or registered of	fice AHASS	2820 HAY 22			
		. –	75. 24.				
c/o C T Corporation System, 1200 South Pine Island Road				ñο -r			
	P.O. Box NOT acceptable Plantation, Florida 33324			<b>C</b> .			
The street addr	ress of its registered office and the street a l be identical.	address of the business office of its	s register	red agent,			
	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an tified in writing of the change.	officer se	3			
bai	mock	Carin Brock, General Counsel & VI					
I further agree performance o agent. Or, if th	we of an officer or director  t the appointment as registered agent and to comply with the provisions of all state f my duties, and I am familiar with and a his document is being filed merely to refle I that the corporation has been notified in	ites relative to the proper and com eccept the obligation of my position ect a chunge in the registered offic	iplete 1 as regis	stered ss, I			
	proporation System Lisa Dubois, Asst. Secretary gnature of Registered Agent	05/15/2020					
		Mark					
	chalf of an entity:  Description Forward Formula    Description    Description						
	Typed 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)