5035 EL CLAR	ncipal Place of Business: O CIR BEACH, FL 33415			
Current Ma	iling Address:			
5035 EL CL WEST PALI	ARO CIR M BEACH, FL 33415 US			
FEI Number: 36-0833621 Certificate of Statu			Certificate of Status Desi	red: Yes
Name and A	Address of Current Registered Agent:			
	PT			
	O CIR BEACH, FL 33415 US			
5035 ÉL CLAR WEST PALM E The above name	O CIR BEACH, FL 33415 US ed entity submits this statement for the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Flo	
5035 ÉL CLAR WEST PALM E The above name	O CIR BEACH, FL 33415 US ed entity submits this statement for the purpose of changing its re E: DELBERT REED	egistered office or regis	tered agent, or both, in the State of Flo	07/14/2021
5035 ÉL CLAR WEST PALM E The above name	O CIR BEACH, FL 33415 US ed entity submits this statement for the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Flo	
5035 ÉL CLAR WEST PALM E The above name SIGNATUR	O CIR BEACH, FL 33415 US ed entity submits this statement for the purpose of changing its re E: DELBERT REED	egistered office or regis	tered agent, or both, in the State of Flo	07/14/2021
5035 ÉL CLAR WEST PALM E The above name SIGNATUR	O CIR BEACH, FL 33415 US ed entity submits this statement for the purpose of changing its re E: <u>DELBERT REED</u> Electronic Signature of Registered Agent	egistered office or regis	tered agent, or both, in the State of Flor	07/14/2021
5035 ÉL CLAR WEST PALM E The above name SIGNATUR Authorized	CO CIR BEACH, FL 33415 US End entity submits this statement for the purpose of changing its rest E: <u>DELBERT REED</u> Electronic Signature of Registered Agent Person(s) Detail :			07/14/2021
5035 ÉL CLAR WEST PALM E The above name SIGNATUR Authorized Title	CO CIR BEACH, FL 33415 US ad entity submits this statement for the purpose of changing its re E: <u>DELBERT REED</u> Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	CEO	07/14/2021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DELBERT REED

CEO

07/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L19000194567

Entity Name: 2ND CHANCE APPLIANCES LLC

Current Principal Place of Business:

FILED Jul 14, 2021 Secretary of State 3423781365CR

Date