| Current Mailing Address: 82 NW 4 STREET HOMESTEAD, FL 33030 UN | | | | |
|--|--|-----------------|------------------------------------|------------|
| FEI Number: 85-2773511 | | | Certificate of Status Desired: Yes | |
| Name and Address of Current Registered Agent: | | | | |
| ANDRADE, GUILLERMO A 82 NW 4 STREET HOMESTEAD, FL 33030 US | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | |
| SIGNATURE | E: GUILLERMO A. ANDRADE | | | 03/11/2022 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MGR | Title | MGR | |
| Name | ANDRADE, GUILLERMO A | Name | RUIZ ANDRADE, CARMEN | |
| Address | 82 NW 4 STREET | Address | 82 NW 4 STREET | |
| City-State-Zip: | HOMESTEAD FL 33030 | City-State-Zip: | HOMESTEAD FL 33030 | |
| Title | AP | | | |
| Name | ANDRADE, ISAAC A | | | |
| Address | 82 NW 4 STREET | | | |
| City-State-Zip: | HOMESTEAD FL 33030 | | | |

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: GUILLERMO A. ANDRADE

MANAGER

03/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L20000227988 Entity Name: INNOVATION CUSTOM CABINETS, LLC

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Current Principal Place of Business:

82 NW 4 STREET HOMESTEAD, FL 33030 FILED Mar 11, 2022 Secretary of State 6989579556CR

Date