(Requestor's Name) (Address) 400305318894 (Address) (City/State/Zip/Phone #) 11/06/17--01029--013 ₩35.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies __ Certificates of Status ____ Special Instructions to Filing Officer: Office Use Only

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I ALBRITTON

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: W.S. Badcock Corporation

Name of Corporation

108637 DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Canova

Name of Contact Person

W.S. Badcock Corporation

Firm/Company

200 North Phosphate Boulevard

Address

Mulberry, Florida 33860

City/State and Zip Code

Debbie.Canova@Badcock.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krysta McGuire

Area Code & Daytime Telephone Number

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

SIATEN	MENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS
Pursuant to the	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of ch	hange is submitted for a corporation organized under the laws of the State of Forida
in ord	ler to change its registered office or registered agent, or both, in the State of Florida
1. The name of	f the corporation: W.S. Badcock Corporation
2. The principa	al office address: 200 North Phosphate Boulevard
	y, Florida 33860
3. The mailing	address (if different): W.S. Badcock Corporation, Tax Department
	ox 497, Mulberry, Florida 33860
-	orporation/qualification: 03/10/1926 Document number: 108637
5. The name an	nd street address of the current registered agent and registered office on file with the
riorida Depa	artment of State: (If resigned, enter resigned)
	Phillip Bayt
	200 North Phosphate Boulevard
	Mulberry, Florida 33860
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office
	Phillip Bayt
	217 N.W. 1st Avenue
	217 N.W. 1st Avenue P.O. Box NOT acceptable
	Mulberry, Florida 33860
The street addras changed wil	ress of its registered office and the street address of the business office of its registered agent.
Such change w	vas authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.
SHI	Shannon Collins Vice President.
0C2372D300 Signat	100F4A2 Ture of an officer or director Printed or typed name and title
I hereby accep I further beree performatice o agent. Or, if the hereby capping	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address. I what the corporation has been notified in writing of this change.
	E5B7D84A6
Sig	ignature of Registered Agent Date
	pehalf of an entity:
If signing on b	1 I
	Typed or Printed Name
	Typed or Printed Name * * * FILING FEE: \$35.00 * * *