## 831096

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J.DENNIS 07:24:25			

Office Use Only



300439124323

2025 JAH 24 AM 9: 46 SECRETARY OF STATE ALL AND SECRETARY

2025 JAH 24 AH II: 23

DEVIDOR



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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Sta on organized under the laws of the State of DE or registered agent, or both, in the State of Flor	
1. The name of t	he corporation: MASONITE COF	RPORATION	
	office address: 1242 East 5th Av		
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 10/15/197	Document number: 831096	
	street address of the current regitment of State: (If resigned, enter	istered agent and registered office on file with resigned)	the
	CORPORATE CREATIONS N	IETWORK INC.	
	801 US HIGHWAY 1		: <u>S</u> : <b>26</b> :
	NORTH PALM BEACH	FL 33408	025 JAN 24 Secretary
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered office	N24 AM
	Corporation Service Company	·	4 9: 4
	1201 Hays Street		<b>56 5</b>
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ss of its registered office and the identical.	e street address of the business office of its r	egistered agent.
Such change wa authorized by th	is authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an of been notified in writing of the change.	ficer so
/S/ Kather	ine Serevitch	Katherine Serevitch	Vice President
I hereby accept I further agree to of my duties, an document is bei corporation has	e of an officer or director the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this n Service Company	Printed or typed name and title agent and agree to act in this capacity. Fall statutes relative to the proper and complete the obligation of my position as registered age in the registered office address. I hereby change.	lete performance agent. Or if this confirm that the
Ву:	no a Tatable	01/15/2025	
	mature of Registered Agent	Date	
	by, Asst. Vice President peed or Printed Name	_	

\* \* \* FILING FEE: \$35.00 \* \* \*