## A04000001981

(Requestor's Name)					
(Address)					
<i>(</i> ,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Opecial instructions to 1 ming Officer.					

Office Use Only



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Y SULKER

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	PLY FACILITIES I				
Name of Lin	nited Partnership or Limite	d Liability	Limited Partner	ship	
2. 12/13/20	004	3	A04000001981		
Date of filing/registration in Florida			Florida document number		
4. The name of the registered a Department of State:	gent and the registered offi	ce address	as shown on the	e records of the Florid	
	Corporate Creations	Network	k Inc.		
	Name			•	
1 <sup>-</sup>	1380 Prosperity Farr	ns Road	#221E		
	Address			- •	
Р	alm Beach Gardens	FL	. 33410		
	City, State and	l Zip		52	
5. The name and Florida street	address of the new register	ed agent ar	nd/or office:	ASSE	
	Corporation Service	e Compa	any	m <sub>S</sub>	
<del></del>	Name			7.	
	1201 Hays S	Street		RIA ID	
F	lorida street address (P.O.	Box not acc	eptable)	*************************************	
	Tallahassee	F.	L 32301		
	City, State and		<u> </u>	•	
6. Such change(s) is/are effecti	ve when filed by the Florid	a Denartme	ent of State.		
	ll statutes relative to the pr ot the obligations of my pos	ent, Inc., its gree to act oper and c	General Partne in this capacity. omplete perforn	. I further agree to	
By: Yhace Cokuble	<del></del>				
Signature of Registered Agent	Grace E. Kirby, Asst. Vice	President			
Filing Fee:	\$35.00				
<b>Certified Copy (optional</b>	): \$52.50				

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	SUPPLY FACILITIES					
Na	me of Limited Partnership or Limi	ited Liability Lin	nited Partners	hip		
2.	12/13/2004		A04000001981			
Date of filing/registration in Florida		]	Florida document number			
4. The name of the re Department of State:	gistered agent and the registered o	office address as	shown on the	records of the Florida		
	Corporate Creation	ns Network I	nc.			
	11380 Prosperity Fa	rms Road #2	221E			
	Addre	ss				
	Palm Beach Garder	ns FL	33410			
	City, State	and Zip				
5. The name and Flor	ida street address of the new regis	tered agent and/o	or office:	<b>6</b>		
	Corporation Serv	<del></del>	у	₹8 <b>C</b>		
	Name	e		88		
	1201 Hays Street					
	KY OF STA					
	Tallahassee	FL_	32301	ORD N		
	City, State a	and Zip		A CO		
1726	are effective when filed by the Flor	rida Department	of State.			
comply with the provis	HD Supply GP & Manager pointment as registered agent and sions of all statutes relative to the	ment, Inc., its Ge I agree to act in t proper and comp	his capacity. olete performa			
Corporation	an accept the obligations of my pon Service Company	osition as registe	erea ageni.			
Signature of Registere	d Agent Grace E. Kirby, Asst. Vic	e President				
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: October 14, 2016

Order#: 315492/045

Re: HD SUPPLY FACILITIES MAINTENANCE, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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