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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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REGISTERED AGENT CHANGE DIVINE FLOORING, LP

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M. SOLOMON

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To: 18506176383

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.

1		DIVINE F	LOORING, LP		
N	lame of Limited	d Partnership or L	imited Liability Li	mited Partnership	
2.	02/19/2020		3	A2000000	
	ng/registration	in Florida		Florida document	number
4. The name of the Department of State		t and the registere	d office address as	shown on the rece	ords of the Florida
		JUSTII	NARIAS		•
		N	ame		
		1360 SW W	AMPLER AVE		
		Ad	ldress		
		PORT ST. LI	UCIF., FL 34953		
		City, Str	ate and Zip		
5. The name and Fl	lorida street add	iress of the new re	egistered agent and	Vor office:	· .
		C T Corpo:	ration System		
	 	N	ame	•	
_		1200 South P	ine Island Road		
	Flor	da street address ((P.O. Box not acce	ptable)	<u>.</u>
		Plantation,		33324	
,		City, St	ate and Zip		
Signature of General I hereby accept the comply with the product of and I am familiar we corporation System.	al Partner appointment a svisions of all s of the an accept t	Carlos Soares s registered agent tatutes relative to the obligations of t	the proper and comy position as reginally Steinmetz	n this capacity. I f mplete performant	urther agree to e of my duties.
Filing Fee: Certified Copy	(optional):	\$35.00 \$52.50			