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Division of Corporations

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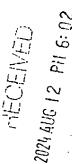
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future ? annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE FREEMAN DECORATING CO.

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Corporate Filing Menu

Help

From: David Thom

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

statement of cha	nge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida S rganized under the laws of the State of $\frac{1}{2}$ rgistered agent, or both, in the State of F	owa	this	_
1. The name of	the corporation: FREEMAN DECOR.	ATING CO.			
	office address: 14221 N. Dollas Parky				_
3. The mailing a	address (if different):				_
4. Dateofincorp	oration/qualification; 04/16/2003	Document number: F0300000	1948		
5. The name and		red agent and registered office on file wi			
	CORPORATION SERVICE COMPA	ANY			
	1201 HAYS ST				
	TALLAHASSEE, FL 32301		, . ,	2024	
6. The name and street address of the new registered agent (if changed) and /or registered off (ifchanged):		ice	2024 AUG 12	7	
	C T Corporation System				j
	1200 South Pine Island Road	·	, -	PH 12: 27	Œ,
	Plantation, Florida 33324	O, Box NOT acceptable	;	27	
The street addrags changed will	ess of its registered office and the st be identical.	reet address of the business office of it	s registe	red agei	at.
Such change wa authorized by the	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an innotified in writing of the change.	officer s	റെ	
	Kaua Korasec	KARA KOROSEC, SECRETARY			
<u>-</u>	re of an officer or director	Printed or typed name and tit		····	-
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change is seen notified in writing of this cha	nt and agree to act in this capacity. statutes relative to the proper and com obligation of my position as registered in the registered office address, I hereb mge.	plete pe l agent, y confir	erformar Or, if it m that t	ice his he
C T Corporation	1 System San Chuum	08/06/2024			
Sig	mature of Registered Agent	Date			_
If signing on be	chalf of an entity:				
SEAN L. EMER	LICK, ASSISTANT SECRETARY				
1	yped or Printed Name				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: