

(Decumented Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendmen	nt Section Division of Corporation	ns		
Crothal	l Laundry Services Inc.			
SUBJECT:	Name	of Corporation		
DOCUMENT NUI	MBER: F03000003322			
	dment and fee are submitted for	filing.		
Please return all cor	respondence concerning this mat	ter to the following:		
Nicholas Bridge				
	Name of Contact Person			
Crothall Laundry S	ervices Inc.			
	Firm/Company			
8936 NorthPointe F	Executive Park Dr., Suite 100			
	Address			
Huntersville, NC 2	8078	<u> </u>		
	City/State and Zip Code			
E-mail addres	ss: (to be used for future annual re	sport notification)		
For further informs	tion concerning this matter, pleas	se call:		
Nicholas Bridge		at (337-4991	
Name	of Contact Person	Area Code a	& Daytime T	Celephone Number
Enclosed is a check	c for the following amount:			
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filin Certified Copy	_	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F0300000	3322	
	(Document number of corporation (if known)	
Crothall Laundry Services Inc.		
(Name of corpor	ration as it appears on the records of the Department of S	State)
Delaware	3.7/1/2003	
(Incorporated under laws		o business in Florida)
	SECTION II	
(4-7 CO	MPLETE ONLY THE APPLICABLE CHANGES)	
If the amountment changes the name of the co-	rporation, when was the change effected under the laws	of its jurisdiction of
000001		·
Care Linea Campings Inc.		
Name of cornoration after the amendment, a	adding suffix "corporation," "company," or "incorporate	d," or appropriate abbreviat
not contained in new name of the corporation	a)	
	to a superior and a desired for the number of trans	eacting business in Florida'
(If new name is unavailable in Florida, enter i	alternate corporate name adopted for the purpose of trans	SHORING OUGHIEUS IN THOMAS
If the amendment changes the period of	duration, indicate new period of duration.	
		<i>i—</i> ;
	(New duration)	# 5 1 1
	(Now duration)	•
to the annual abandantha inviodiation	on of incorporation, indicate new jurisdiction.	. 22
. If the amendment changes the jurisdiction	of theorporation, maioure not, june 11.	
_	(New jurisdiction)	— 12: 04 13: 04
	(1.com junications)	2: 0
If a monthly the registered agent and/or to	egistered office address in Florida, enter the name of	the + +
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent		-
THE TOTAL STATE OF THE STATE OF		
	(Florida street address)	
11 B 1 1 1 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1	. Flor	rida
New Registered Office Address:	(City)	(Zip Code)
	t DIstavad Aments	
New Registered Agent's Signature, if cha	inging Registered Agent; ed agent. I am familiar with and accept the obligations	of the position.
The con acceptance appearance		
Signature of New Register	red Agent, if changing	
	5 / 7 5 5	

Title/ Capacity	Name	Address	Type of Action
			DAdd
	_		(Elemove
			DAdd
		.	Remove
			□Add
			Remove
			Remove
<u> </u>			□Add
Attached is a certific of the application to t under the laws of wh	ate or document of similar import, evidence he Department of State, by the Secretary of S ich it is incorporated.	ing the amendment, authenti State or other official having	icated not more than 90 days prior to deliver custody of corporate records in the jurisdiction
_	Mahal 15 ama	_	<u>.</u>
	(Signature of a director, pre a receiver or other court ap	sident or other officer - if in pointed fiduciary, by that fiduciary, by that fiduciary, by the fiduciary is a second control of the fiduciary of the fiduciary is a second control of the fiduciary of the fiduci	the hands of duciary)
Michael Barne		CEO	

FILING FEE \$35.00

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE RESTATED CERTIFICATE OF "CROTHALL LAUNDRY SERVICES
INC.", CHANGING ITS NAME FROM "CROTHALL LAUNDRY SERVICES INC."
TO "CORE LINEN SERVICES INC.", FILED IN THIS OFFICE ON THE
SECOND DAY OF FEBRUARY, A.D. 2024, AT 1:18 O'CLOCK P.M.



Authentication: 202732991

Date: 02-02-24