9/8/23, 1:42 PM



Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future of the control one email address please.

Email Address:_

REGISTERED AGENT CHANGE ROCKSOLID GRANIT USA, INC.

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Electronic Filing Menu Corporate Filing Menu

Help

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

statement of cha	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida State or organized under the laws of the State of <mark>Dela</mark> or registered agent, or both, in the State of Flori	iware
1. The name of	the corporation: ROCKSOLID GF	RANIT USA, INC.	
2. The principal	office address: 1565 NW 36TH ST	RANIT USA, INC. T. MIAMI, FL 33142	
3. The mailing a	address (if different):		
4. Dateofincorp	ooration/qualification: 3/3/2005	Document number: F0500000135	53
	d street address of the current regi rtment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	he
	REBOA : MASSIMO		
	12 SE 7TH STREET, SUITE 704		2
	FT LAUDERDALE, FL 33301		023 S
6. The name and (ifchanged):	d street address of the new registe	red agent (if changed) and /or registered office	3 SEP -8
	C T Corporation System		AM SSEI
	1200 South Pine Island Road		AM IO: 1
	Plantation, Florida 33324	P.O Box SOI acceptable	· 🛱 🗲
The street addreas changed will	ess of its registered office and the be identical.	e street address of the business office of its re	gistered agent.
Such change wa authorized by th	as authorized by resolution duly he board, or the corporation has b	adopted by its board of directors or by an offi been notified in writing of the change.	cer so
Killinger I'l itale		Kathryn McBride, Vice President	
•	re of an officer or director	Printed or typed name and title	
I further agree of my duties, an document is bei	to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this o	gent and agree to act in this capacity. all statutes relative to the proper und comple, the obligation of my position as registered ag ge in the registered office address. I hereby ca change.	ent. Or. il this
J. Matalia Packer	v	9/8/2023	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Natalie Pickens,	Assistant Secretary		
.1.	yped or Printed Name	_	
	* * * F1L1	NG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPAREMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314

CR2E045 (04/13)

By: