

**F05000003423**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

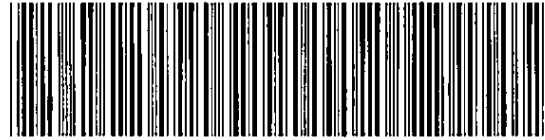
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(Document Number)

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JUN - 7 2022**

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2022 JUN - 6 AM 10: 41  
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 722259 8380089

AUTHORIZATION :

COST LIMIT : *Lynette A. Baker*  
\$35.00

ORDER DATE : June 3, 2022

ORDER TIME : 10:06 AM

ORDER NO. : 722259-007

CUSTOMER NO: 8380089

CHANGE OF AGENT

NAME: AMERICAN HARDWARE & LUMBER  
INSURANCE AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of IL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMERICAN HARDWARE & LUMBER INSURANCE AGENCY, INC.

2. The principal office address: 800 HART ROAD SUITE 200 BARRINGTON, IL 60010

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/06/2005 Document number: F05000003423

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GOUDEAU, JACQUES  
3288 BISHOP PARK DRIVE 913  
WINTER PARK FL 32792

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301  
P.O. Box NOT acceptable

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Neal Walker  
Signature of an officer or director

Neal Walker, Chief Financial Officer  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: Grace E. Kirby  
Signature of Registered Agent

06/01/2022  
Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President  
Typed 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