Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000201743 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:

REGISTERED AGENT CHANGE STANTON CARPET CORPORATION

Certificate of Status	0
Certified Copy	I
Page Count	02
Estimated Charge	\$43.75

Q. SILAS

JUN 10 2022

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	mge is submitted for a corporation orge	502, 607.1508, or 617.1508, Florida Statutes, this inized under the laws of the State of NY stered agent, or both, in the State of Florida.	· · · · · ·
	the corporation: STANTON CARPET C	•	
2. The principal	office address: 100 Sunnyside Boulevard	Ext. Suite 100 Woodbury, NY 11797	
3. The mailing a	address (if different):		
4. Dateofincorp	oration/qualification: 04/15/2010	Document number: F10000001800	
	d street address of the current registered riment of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	CORPORATION SERVICE COMPAN	Υ	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		
6. The name and (ifchanged):	d street address of the new registered ag	ent (if changed) and /or registered office	ال الرائية: الرائية:
	C T Corporation System	- AH.	6-NNr
	1200 South Pine Island Road		129
	P.O.B Plantation, Florida 33324	Sox NOT acceptable	₹ [o. C
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its registered	agent,
Such change wa authorized by th	as authorized by resolution duly adopte he board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.	
Pi		Kimberly Bowens Assistant Secretary	
Thereby accept I further agree of my duties, an document is bei corporation has	id I am familiar with and accept the of ing filed merely to reflect a change in t s been notitied in writing of this chang	Printed or typed name and litte and agree to act in this capacity, attutes relative to the proper and complete perfo pligation of my position as registered agent. Or the registered office address, I hereby confirm to e.	rmance r, if this that the
C T Corporation	System Sand Fine	6/9/22	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Ternell Kearney	Assistant Secretary		
<u> </u>	yped or Printed Name		
	* * * FILING F	TEE: \$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: