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(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
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Office Use Only

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

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COST LIMIT : \$ 35.00

REFERENCE : 968133

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AUTHORIZATION :

- ORDER DATE : August 18, 2021
- ORDER TIME : 10:33 AM
- ORDER NO. : 968133-004

CUSTOMER NO: 8352131

CHANGE OF AGENT

NAME: TOMARCO CONTRACTOR SPECIALTIES, 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

I. The name of the corporation: TOMARCO CONTRACTOR SPECIALTIES, INC.

2. The principal office address: 14848 NORTHAM ST LA MIRADA, CA 90638

3. The mailing address (if different):

4. Date of incorporation/qualification: 04/12/2011 Document number: F11000001591

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)

NRAI SERVICES, INC	
1200 South Pine Island Road	
Plantation	FL 33324

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		7021 5 1		
P.O. Box NOT acceptable				
Tallahassee	FL 32301	LAH 23		
The street address of its registered office and the street a as changed will be identical.		of its registered agent		
Such change was authorized by resolution duly adopted authorized by the board or the corporation has been not	Keith L. Watkins, Pr	esident		
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change. Corporation Service Company	Printed or typed name a l agree to act in this capacity. ites relative to the proper and d gation of my position as registe registered office address, The			
By: <u>Lince</u> C.K. W.U. Signature of Registered Ager.	08/18/2021 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 CR2E045 (04/13)