

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000800023 Phone : (954)208-0845 Fax Number : (614)573-3996

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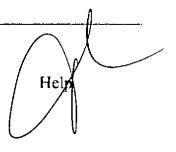
## COR AMND/RESTATE/CORRECT OR O/D RESIGN ACPRODUCTS, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



To:

12122023573

## 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)

F12000004	4179	
(1	Document number of corporation (if known)	
ACProducts, Inc.		
(Name of corpora	ation as it appears on the records of the Department of S	State)
Delaware	3. 10/11/2012	
(Incorporated under laws of		o business in Florida)
(4-7 COM	SECTION II IPLETE ONLY THE APPLICABLE CHANGES)	
If the amendment changes the name of the corpincorporation? 10/11/2012	poration, when was the change effected under the laws of	of its jurisdiction of
Cabinetworks Group, Inc.		207
Name of composition after the amendment and	ding suffix "corporation," "company," or "incorporated	
not contained in new name of the corporation)	ong sarrix corporation, company, or incorporated	i. or appropriate approximate
		1/2
If new name is unavailable in Florida, enter alt	ternate corporate name adopted for the purpose of traus	acting business in Florida)
If the amendment changes the period of di		· r:36
	(New duration)	
If the amendment changes the jurisdiction	of incorporation, indicate new jurisdiction.	
*****	(New jurisdiction)	<del></del> .
	,	
	istered office address in Florida, enter the name of t	the_
new registered agent and/or the new register	red office address:	
Name of New Revistered Avent		
411,899 An-	(Florida street address)	*
New Registered Office Address:	, Florid	da (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered of	ing Registered Agent: agent. I am familiar with and accept the obligations o	f the position.
Signature of New Registered	Agent, if changing	

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	Name	<u>Address</u>	Type of Action
	70-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Add
			1 Remove
			Add
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			L.Remove
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			<b>  </b>   <b>  </b>   <b>  </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>   <b> </b>
Attached is a cert of the application under the laws of	ificate or document of similar import, evi to the Department of State, by the Secretar which it is incorporated.	dencing the amendment, authenticated not y of State or other official having custody of	more than 90 days prior to delivery corporate records in the jurisdiction
	(Signature of directo	r, president or other officer - if in the hands	of
Marla Zwas	a receiver or other con	art appointed fiduciary, by that fiduciary)  Secreta	arv
	ped or printed name of person signing)	(Title of perso	

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CABINETWORKS GROUP, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203783549

Date: 07-19-23