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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : PARANET CORPORATION SERVICES, INC.

Account Number : I20090000069 Phone : (800)277-9977 Fax Number : (800)815-0477

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ____

Email Address: jweissman@realfloors.com_

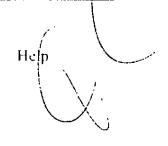
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REGISTERED AGENT CHANGE REAL FLOORS COMMERICAL, INC.

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(((H23000228536 3)))

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

statement of cha	nge is submitted for a corporate	$^{\circ}$, 617,0502, 607,1508, or 617,1508, Florida St ion organized under the laws of the State of $ extstyle exts$	Е	is
· · · · · · · · · · · · · · · · · · ·		or registered agent, or both, in the State of Fl		
1. The name of	the corporation: REAL FLOORS	Fial dr, Ste 100, Manietta, GA 30062		
2. The principal				
3. The mailing a	address (if different):	-		
4. Date of incorp	poration/qualification: 12/16/20	Document number: F16000005	564	
The name and Florida Depai	d street address of the current re- rtment of State: (If resigned, ent	gistered agent and registered office on file with er resigned)	h the	
	CT CORPORATION SYSTEM			20
	1200 S PINE ISLAND KD		·	23 JU
	PLANTATION, FL 33324		÷.:	N 27
6. The name and (if changed):	d street address of the new regis	tered agent (if changed) and /or registered offic	ce (HH 8:
	NRAI Services, Inc	>	T	8: 57
	1200 South Pine Is	sland Road	-	_
	Plantation, FL 333	PO Box NOT acceptable 24		
The street addre as changed will	ess of its registered office and to be identical.	the street address of the business office of its	registere	d agent.
Such change we authorized by-the	as authorized by resolution dul	y adopted by its board of directors or by an o s been notified in writing of the change.	fficer so	
()	back Unissman	Jack Weissman, Chief Financial Off	icer	
Signatu I hereby accept I further agree of my duties, an document is bei corporation has	servent trains It of an other or succtor the appointment as registered to comply with the provisions to all am familiar with and accep- ing filed merely to reflect a cha- s been notified in writing of this	Printed or typed name and usite agent and agree to act in this capacity, of all statutes relative to the proper and composition as registered in the obligation of my position as registered inge in the registered office address, I hereby s change.	•	ormance Ir, if this that the
- Dey	ua - Paul millione of Registered Agent	06/26/20 a.3)	·
lf signing on be	chalf of an entity:	(((H23000228536 3)))		
	-Paul, assistant secretary Sped or Printed Name			
	* * * FII	LING FEE: \$35.00 * * *		
	Marie America Santa Santa	Para Cranina Dita anni mare on fina an		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E015 (04/13)