

F17000001812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

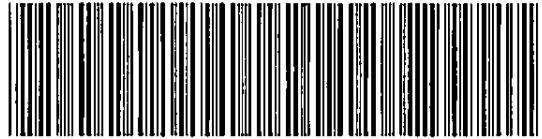
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUN 20 AM 10:52
SECRETARY OF STATE
MAIL SERVICES DIVISION

S. HUNT
6/20/24

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 06/20/2024

Acc#I20160000072

en: c DW

Name:	Bailey USA Inc.
Document #:	
Order #:	15613849 - 52

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
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Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
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Email Address for Annual Report Notifications:

Availability _____
 Document _____
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 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ **43.75**

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAILEY USA INC.
Name of Corporation

DOCUMENT NUMBER: F17000001812

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Candace DeStefano
Name of Contact Person
Saint-Gobain Corporation
Firm/Company
20 Moores Road
Address
Malvern, PA 19355
City/State and Zip Code
SGCLawDEPT@saint-gobain.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Candace DeStefano at (610) 893-5294
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BAILEY USA INC.

2. The principal office address: 1199 S FEDERAL HWY, SUITE 30, Boca Raton, FL 33432

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/20/2017 Document number: F17000001812

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)

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS RD, STE 221E
PALM BEACH GARDENS, FL 33410

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

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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.

Michael Puleo

Michael B. Puleo, Secretary

Signature of an officer or director

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.

C T Corporation System

By: *Sean L Emerick*
Signature of Registered Agent

06/10/2024
Date

If signing on behalf of an entity:

SEAN L. EMERICK, ASSISTANT SECRETARY
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)