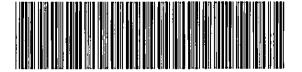
## F18000000072

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
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Office Use Only



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2022 OCT 19 AH 9: 18

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A. CUTLER

OCT 2 U 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCO                            | UNT NO.     | ;            | 12000000019 | 95      |  |  |  |
|---------------------------------|-------------|--------------|-------------|---------|--|--|--|
| RE                              | FERENCE     | :            | 996901      | 8388342 |  |  |  |
| AUTHOR                          | IZATION     | :            | South of    | e rede  |  |  |  |
| COS                             | T LIMIT     | :            | \$ 35.00    | man     |  |  |  |
| ORDER DATE : October            | 7, 2022     |              |             |         |  |  |  |
| ORDER TIME : 9:58 AM            |             |              |             |         |  |  |  |
| ORDER NO. : 996901-0            | 86          |              |             |         |  |  |  |
| CUSTOMER NO: 83883              | 42          |              |             |         |  |  |  |
|                                 | <del></del> | <del>-</del> | <b>-</b>    |         |  |  |  |
| CHANGE OF AGENT                 |             |              |             |         |  |  |  |
|                                 |             |              |             |         |  |  |  |
| NAME: UNITE                     | D FURNITU   | RÉ           | INDUSTRIES, |         |  |  |  |
| INC.                            |             |              |             |         |  |  |  |
|                                 |             |              |             |         |  |  |  |
| PLEASE RETURN THE FOLL          | OWING AS    | PRO          | OF OF FILIN | IG:     |  |  |  |
| CERTIFIED COPY XX PLAIN STAMPED |             |              |             |         |  |  |  |
| CONTACT PERSON: Eylie           | na Baker    |              |             |         |  |  |  |

EXAMINER'S INITIALS:

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

| statement of cha  | provisions of sections 607.0502, 617.0<br>mge is submitted for a corporation ory<br>r to change its registered office or reg  | ganized under the law   | vs of the State of ${}^{\circ}$       | Dh <u>io</u>                         | <u> </u>                         |  |
|---|---|---|---------------------------------------|--------------------------------------|----------------------------------|--|
| 1. The name of t  | the corporation: UNITED FURNITUR  | RE INDUSTRIES, INC  | c.                                    |                                      |                                  |  |
| 2. The principal  | office address: 5380 Highway 145 So   | outh, Tupelo, MS 38   | 3801                                  |                                      |                                  |  |
| 3. The mailing a  | ddress (if different):  |   |                                       |                                      |                                  |  |
| 4. Date of incorp   | poration/qualification: 01/05/2018  | Document r  | umber: <u>F180000</u>                 | 00072                                |                                  |  |
|   | I street address of the current registere tment of State: (If resigned, enter resigned)   |   | d office on file with                 | the                                  |                                  |  |
|   | C T Corporation System  |   |                                       |                                      |                                  |  |
|   | 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): |   |   |                                       |                                      |                                  |  |
|   | 1201 Hays Street  |   |                                       | <u>.:</u>                            | P.                               |  |
|   |   |   |                                       |                                      |                                  |  |
|   | Tallahassee   | FL  | 32301                                 |                                      | 9: 18                            |  |
| The street addre<br>as changed will   | ss of its registered office and the stre<br>be identical.   | et address of the bus   | siness office of its                  | registered                           | i agent,                         |  |
| Such change wa<br>author(ze) by th  | is authorized by resolution duly adop<br>the board, or the corporation has been   | ted by its board of d<br>notified in writing o                            | irectors or by an of<br>f the change. | fficer so                            |                                  |  |
| Xiel  | . 2 aoni  | Jill Cilmi, Vice l  |                                       |                                      |                                  |  |
| / 1   | e of an officer or director   |   | d or typed name and title             |                                      |                                  |  |
| l further agree t<br>of my duties, an<br>document is beit<br>corporation has                                    | the appointment as registered agent o comply with the provisions of all st d I am familiar with and accept the one filed merely to reflect a change in been notified in writing of this chang | latules relative to the<br>obligation of my posi<br>the registered office |                                       | lete perfo<br>agent. On<br>confirm t | rmance<br>r, if this<br>that the |  |
| BV: Cei   | mley  | 10/19/2022  | <u> </u>                              |                                      |                                  |  |
|   | nature of Registered Agent  | <del></del>   | Date                                  |                                      | ,                                |  |
| lf signing on bel   | half of an entity:  |   |                                       |                                      |                                  |  |
| Ami M. Casper,  | , Asst. Vice President  |   |                                       |                                      |                                  |  |
| Ту  | ped or Printed Name   |   |                                       |                                      |                                  |  |

\* \* \* FILING FEE: \$35.00 \* \* \*