(Requestor's Name)					
(Addross)					
(Address)					
(Address)					
·					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
· · · · · ·					
(Document Number)					
Control Coning					
Certificates of Status					
Special Instructions to Filing Officer:					
<u></u>					

Office Use Only



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2022 NOV 14 AM 11: 36

A. BUTLER NOV 16 2022

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

ACCOUNT NO. : 12000000195						
REFERENCE : 120479 8388342						
AUTHORIZATION : Land Remain						
COST LIMIT : \$ 3.5.00						
ORDER DATE: November 8, 2022						
ORDER TIME : 8:43 AM						
ORDER NO. : 120479-028						
CUSTOMER NO: 8388342						
CHANGE OF AGENT						
NAME: UNITED FURNITURE INDUSTRIES, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland						
EXAMINER'S INITIALS:						

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

statement of cha	provisions of sections 607.0502 unge is submitted for a corporal er to change its registered office	tion organized under the law	s of the State of Ot	hio
1. The name of	the corporation: UNITED FURN	IITURE INDUSTŘIES, INC.		
	office address: 5380 HWY 145			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 01/05/20	Document m	umber: F18000000	0072
	I street address of the current re trnent of State: (If resigned, ent		l office on file with	the
	CORPORATION SERVICE	COMPANY		
	1201 HAYS STREET			
	TALLAHASSEE	FL	32301-2525	
6. The name and (if changed):	d street address of the new regis		/or registered office	2022 NOV 14
	1200 SOUTH PINE ISLAND	ROAD		; <del>*</del>
		P.O. Box NOT acceptable		
	PLANTATION	FL	33324 頭	OF ST
The street addre as changed will	ess of its registered office and t be identical.	he street address of the bus	iness office of its re	egistered agent,
Such change wa authorized by th	s authorized by resolution dul- te board, or the corporation has	y adopted by its board of di	rectors or by an off f the change.	ficer so
X	e E agni	Jill Cilmi	,	Vice President
7 - 1	e of an officer or director		d or typed name and title	<del></del>
corporation has	the appointment as registered o comply with the provisions of I am familiar with and accepting filed merely to reflect a chabeen notified in writing of this DRATION SYSTEM	agent and agree to act in the fall statutes relative to the statutes relative to the state of my positinge in the registered office schange.  11/09/2022	nis capacity. proper and comple ion as registered a address, I hereby o	ete performance gent. Or, if this confirm that the
Sign	izture of Registered Agent		Date	
If signing on bel	half of an entity:			
Kadhryn	A. Wickdows Asst. Soc ped or Printed Name	cretary.		
Kathy A. Wie	Idoes, Asst. Secretary * FII	ING 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)