

| (Re | equestor's Name) | | | | |
|-------------------------|--------------------|-----------|--|--|--|
| (Ad | idress) | | | | |
| · (Ad | (dress) | | | | |
| (Cit | ty/State/Zip/Phone | #) | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Bu | siness Entity Name | e) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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SECRETARY OF STATE TALLAHASSEE, FL

R. WHITE NOV 26 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 30, 2018

Order#: 456226-025

Re: CORAL INDUSTRIES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

| statement of cha | provisions of sections 607.0502, 6 nge is submitted for a corporation to change its registered office or | organized under the law | ws of the State of | Alaban | na | |
|---|--|---|--|-------------------------------|-------------------|----------|
| 1. The name of t | he corporation: CORAL ARCHIT | ECTURAL PRODUCTS | , INC. | | | |
| | office address: 4750 Distribution | | | | | |
| 3. The mailing ac | ddress (if different): PO Box 402 | 28, Tuscaloosa, AL 354 | 104 | 1 | | |
| 4. Date of incorp | oration/qualification: 03/16/201 | 8 Document | number: F1800 | 0001302 | ! | <u>-</u> |
| | street address of the current regis tment of State: (If resigned, enter | | ed office on file v | with the | | |
| | William Smith, Sr. | | | | | |
| | 18325 Boyette Road | | | _ | 2 | |
| | Lithia, FL 33547 | | | TALL | 2018 NOV | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office: (if changed): | | | | | 1 | |
| | Corporation Service Company | W- HB | | _ m 53 _ m 53 _ Liber 1 | PH 12: | |
| | 1201 Hays Street | | | FI. | 90 : | |
| | P.O. Box NOT acceptable Tallahassee FL 32301 | | | _ | | |
| The street addre | ss of its registered office and the be identical. | | | - its regist | ered age | ent, |
| Such change wa authorized by th | s authorized by resolution duly a e board, or the corporation has be | dopted by its board of d een notified in writing o | irectors or by an of the change. | officer | so | |
| / N | David M. Toolan, Assistant Secretary Printed or typed name and title | | | | | |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm i | the appointment as registered ay o comply with the provisions of a my duties, and I am familiar with s document is being filed merely hat the corporation has been not a Service Company | | this capacity, e proper and cor ion of my position e registered offi change. | | istered ess, I | |
| By: Cly | mley | 10/30/2 | | | | _ |
| If signing on bel | ature of Registered Agent | | Date | | | |
| | Asst. Vice President | | | | | |
| | ped or Printed Name | | | | | |

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