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•		Division of Con	porations	
		Fax Number	: (850)617-6380	
	From:			
		Account Name	: CORPORATE CREATIONS INTERNATIONA	AL INC.
		Account Number	: 110432003053	L INC.
		Phone	: (561)694-8107	~~ c .
		Fax Number	: (561)214-8442	· ;
*Ent	er the er	mail address for	this business entity to be used fo	r future
	annual r	eport mailings. 1	Enter only one email address please	<u> </u>
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## REGISTERED AGENT CHANGE NA FLOORING OF FLORIDA, INC.

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

statement of cha	nge is submitted for a	corporation organize	607.1508, or 617.1508, Florida : ed under the laws of the State of <u>'</u> ed agent, or both, in the State of F	California		
	the corporation: NA F					
	-		OORPARK, CA 93065			
3. The mailing a	iddress (if different):	1001 BROKEN SOUN	ID PKWY NW. STE A, BOCA R	ATON, FL 334	 87	
4. Date of incorp	poration/qualification:	05/04/2018	Document number: F1800000	02101		
5. The name and		current registered age	nt and registered office on file wi			
	LEVINE, LAWRENC	CE		_		
	1001 BROKEN SOUND PKWY NW, STE A					
	BOCA RATON, FL.	33487		-		
6. The name and (if changed):	d street address of the	new registered agent	(if changed) and /or registered of	fice		
	Corporate Creations N	letwork Inc.		_		
	801 US Highway 1		OT acceptable	51. W	<b>3</b>	
	North Palm Beach, Fl	P.O. Box N . 33408	OT acceptable	-, [	onon DEC.	
The street address changed will	ess of its registered of be identical.	fice and the street ad	dress of the business office of it	s registered ag	238t. ₽	
Such change was authorized by the	as authorized by resol he board, or the corpo	ution duly adopted bration has been notif	y its board of directors or by an ied in writing of the change.	officer so	MH 11: (	
/s/ Caitlin La			Caitlin Lazarus, Attorney-in-Fact		9 <u>1</u>	
I hereby accept I further agree of my duties, an document is bei	the appointment as re to comply with the product and familiar with a ing filed merely to ref s been notified in writ	ovisions of all statute and accept the obliga- lect a change in the i	Printed of typed name and to agree to act in this capacity, as relative to the proper and con ution of my position as registere, registered office address, I herel		ance f this t the	
/s/ Caitlin Lazarus			12/23/2020			
-	muture of Registered Agent		Date			
If signing on be	chalf of an entity:					
	Special Secretary					
ı	ypod or Printed Name					

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