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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
FIIIGIT	MUUICSS.		

REGISTERED AGENT CHANGE FURNITURELAND SOUTH, INC.

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02
\$35.00

A. RAMSEY

MAR 2 8 2022

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0302, 617.030. inge is submitted for a corporation organ ir to change its registered office or registe	ized under the laws of the State of North	Carolin			
I. The name of	the corporation: Furnitureland South	, Inc.				
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 12/12/2018	Document number: F180000058	319			
	d street address of the current registered agreement of State: (If resigned, enter resigne		_			
	AMEND, THOMAS		2022			
		2022 HAR 25				
	TAMPA, FL 33619		2022 HAR 25 AF			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Northwest Registered Agen	t LLC	To produce the second			
7901 4th St N STE 300						
P.O. Box NOT acceptable						
	St. Petersburg FL 33702					
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its regis	stered agent.			
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an office tified in writing of the change.	er so			
Jeffre	y Harris	Jeffrey Harris, President				
	of an officer or director	Printed or typed name and title				
I hereby accept I further agree of my duties, ar document is bel corporation ha	the appointment as registered agent and to comply with the provisions of all state of all state of am familiar with and accept the obling filed merely to reflect a change in the steen notified in writing of this change.	l agree to act in this capacity, ites relative to the proper and complete gation of my position as registered ager registered office address, I hereby con	performance it. Or, if this firm that the			
Ton Gl	ove	3/25/22				
Sig	nature of Registered Agent	Date				
	chalf of an entity:					
Tom Glove	r					
Т	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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