F2000000860

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u> </u>
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2021 OCT 13 AM 8: 14



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

CONTACT PERSON: Eyliena Baker

ACCOUNT NO. : I2000000195					
REFERENCE : 049414 7 8357060					
AUTHORIZATION: 1. Millerian					
COST LIMIT : \$ 35.00					
ORDER DATE : September 29, 2021					
ORDER TIME : 8:59 AM					
ORDER NO. : 049414-005					
CUSTOMER NO: 8357060					
CHANGE OF AGENT					
NAME:					
NAME: PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY					

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation (r to change its registered office or t	organized under the lav	ws of the State of _	TN	
1. The name of t	he corporation: ARTISENT FLOOF	RS, INC.			_
2. The principal	office address: 2449 SCAPER STF	REET MEMPHIS, TN 3	88114		_
3. The mailing a	ddress (if different): P. O. BOX 172	256 MEMPHIS, TN 38	187		- -
	oration/qualification: 02/17/2020			000860	
	street address of the current registe tment of State: (If resigned, enter re		ed office on file wi	th the	
	REGISTERED AGENTS INC.			s 2:	
	7901 4TH ST N STE 300			2021 OCT 13 SECRETAR TALL SHA	er rang
	ST. PETERSBURG	FL	33702		
6. The name and (if changed):	street address of the new registered	d agent (if changed) and	d /or registered off	20 T	
	Corporation Service Company				
	1201 Hays Street	O Box NOT acceptable		-	
	Tallahassee	FL	32301		
_	ss of its registered office and the s be identical.				Ι.
authorized by th	s authorized by resolution duly ade e board, or the corporation has be-	en notified in writing of	of the change.	officer so	
Starfahri.	e of an officer of director	Jill Cilmi, Vice F	President ed or typed name and tit	rto.	
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered age of comply with the provisions of all I am familiar with and accept the filed merely to reflect a change been notified in writing of this change	nt and agree to act in l statutes relative to th e obligation of my pos in the registered offic	this capacity		te is e
By: Dra	catekuble	10/12/2021			
-	nature of Registered Agent		Date		
Grace E. Kirbv. <i>i</i>	Asst. Vice President				
	ped or Printed Name				

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