F220000060614

(F	Requestor's Name)			
	Address)			
	Address)			
	Ĉity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
	Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	J. HORNE			
	OCT 17 2024			

Office Use Only



900438061259







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/16/2024	
Name:	Cheyanne Davis	_
Reference	#:2525134	<u></u>
		CE FABRIC, INC.
☐ Artic	cles of Incorporation/Authorization	n to Transact Business
☐ Ame	endment	
√ Cha	nge of Agent	
Reir	nstatement	
Con	version	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Ficti	tious Name	
☐ Othe	er	
Authorized	Amount: \$35.00	
Signature:	Ohymo Paine	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Patrice at 850-202-9071

Date:	10/16/2024			
Name:	Cheyanne Davis	_		
Reference i	#: 2525134	_		
	e:COMMERC	E FABRIC, INC.		
	les of Incorporation/Authorization			
Ame	ndment			
✓ Char	nge of Agent			
☐ Rein	statement			
Con	version			
☐ Merç	ger			
☐ Dissolution/Withdrawal				
Fictit	tious Name			
Othe	er			
Authorized	Amount: \$35.00			
Signature:	Unyma Paine			

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Flor organized under the laws of the State registered agent, or both, in the State	of Delaware
1. The name of t	he corporation:	COMMERCE FABRIC	, INC.
2. The principal	office address: No Change		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: January	28, 2022 Document number:	F22000000614
	street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on fi esigned)	le with the
	Corporation S	Service Company	
	1201 H	ays Street	
	Tallahassee,	FL 32301-2525	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registere	
	115 North Calhoun		2824 GC)
		ox NOT acceptable	
	Tallahassee, FL 3	2301	
The street addre	ss of its registered office and the be identical.	street address of the business office	of its registered agent.
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors or by sen notified in writing of the change	an officer so
/s/ Josh Seid	enfeld	Josh Seidenfeld Printed or typed name a	<u> </u>
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered age o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity ll statutes relative to the proper and and accept the obligation of my pos o reflect a change in the registered	complete ition as registered
/s/ Timothy Mayville		10/14/2024	
	half of an entity:	Date	

Timothy Mayville, Assistant Secretary
Typed or Printed Name

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