F97000002840

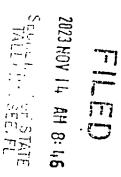
(Requestor's Name)
(Address)
(4.117-2)
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600418935736

11/14/23--01024--020 **52.50



1. 1. 1. 1.



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are forms for a change of name, duration, or jurisdiction, for a foreign profit corporation qualified to do business in Florida as required by section 607.1504. Florida Statutes.

- Complete the appropriate application for amendment attached to this letter.
- An original certificate or a document of similar import from the state of incorporation evidencing the amendment must be submitted with the application. The certificate must be issued within the past 90 days.
- Fees for the amendment are:

Filing Fee \$ 35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$ 8.75 Certificate of Status (optional) \$ 8.75

- Send one check in the total amount made payable to the Florida Department of State.
- Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

For further information, you may call (850) 245-6050.

CR2E019A (1/20)

COVER LETTER

	Name	y Co., Inc.	
DOCUMENT NU	MBER: F97000002840		
The enclosed Ame	ndment and fee are submitted for	tiling.	
Please return all co	orrespondence concerning this ma	tter to the following:	
Kristine Gert	oitz		
	Name of Contact Person		
American Builders	s & Contractors Supply Co., Inc.		
	Firm/Company		
One ABC Parkway	Y		
	Address		
Beloit, WI 53511			
	City/State and Zip Code		
salestaxsupport@a	ibesupply.com		
E-mail addre	ss: (to be used for future annual re	eport notification)	
For further informa	ation concerning this matter, pleas	se call:	
Kristine Ger	bitz	at (608) 364-224	45
Name	e of Contact Person	Area Code & Daytime	l'elephone Number
Enclosed is a chee	k for the following amount:		
1\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee. Certificate of Status & Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607,1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F97000002840

(Doc	ument number of corporation (if known)	
American Builders & Contractors Supply Co., Inc.		20 '
(Name of corporation	as it appears on the records of the Departm	nent of State)
Delaware	_{35/30/1997}	2
(Incorporated under laws of)	(Date authoriz	ed to do business p. Florida)
	SECTION II	2
(4-7 COMPL	ETE ONLY THE APPLICABLE CHAN	GES) SEESE
If the amendment changes the name of the corpora		e laws of its jurisdiction of
incorporation?	····	
(Name of corporation after the amendment, adding not contained in new name of the corporation)	suffix "corporation," "company," or "incor	porated," or appropriate abbreviation
not contained in new name of the corporation)		
(If new name is unavailable in Florida, enter alterna	ate corporate name adopted for the purpose	of transacting business in Florida)
. If the amendment changes the period of durat	ion, indicate new period of duration	
The amendment changes the period of durat	ion, indicate new period of duration.	
	(New duration)	
	(adiamin)	
. If the amendment changes the jurisdiction of i	incorporation, indicate new jurisdiction.	
	(New jurisdiction)	
If amending the registered agent and/or registe	red office address in Florida, enter the na	ime of the
new registered agent and/or the new registered		
Name of New Registered Agent		
Name of New Negativea Agem		
	(Florida street address)	
New Registered Office Address:		. Florida
New Registered Office Address:	(City)	(Zip Code)
	D. C. L. L. L.	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: nt = I am familiar with and accept the oblice	ations of the position
. Acres, weech me apparament as registered age.	on junitio with and accept the thinge	лить су те розшон.
Signature of New Registered Ag	ent, if changing	

itle Capacity	<u>Name</u>	<u>Address</u>	Type of Action
sistant Treasurer	Kristine Gerbitz	One ABC Parkway Beloit, WI 53511	
			Remove
			Remove
			Q Add
			
			Remove
Attached is a coof the application	ertificate or document of similar imp on to the Department of State, by the S of which it is incorporated.	oort, evidencing the amendment, authenticat secretary of State or other official having cus	ed not more than 90 days prior to deliv tody of corporate records in the jurisdict
		Il Or Zould	
	(Signature of a a receiver or o	director, president or other officer - if in the ther court appointed fiduciary, by that fiduci	hands of iary)

FILING FEE \$35.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMERICAN BUILDERS & CONTRACTORS SUPPLY

CO., INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

THIRTY-FIRST DAY OF OCTOBER, A.D. 2023.



Authentication: 204487417

Date: 10-31-23