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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. $\frac{1}{2}$

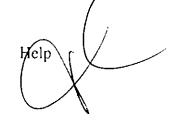
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REGISTERED AGENT CHANGE FINISHMASTER, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Flo on organized under the laws of the Sta or registered agent, or both, in the Sta	ite of Indiana				
	the corporation: FINISHMASTER	·	, , , , , , , , , , , , , , , , , , ,				
2. The principal Indianapolis, IN	office address; 115 W. Washingto	n Suite 700S					
· · · · · · · · · · · · · · · · · · ·							
4. Date of incom	soration/qualification: 07/10/199	8 Document number: F9	8000003949				
	timent of State: (If resigned, enter	stered agent and registered office on resigned)	file with the				
	NRAI SERVICES, INC						
	1200 South Pine Island Road						
	Plantation, FL 33324		2024 F				
6. The name and (if changed):	red office						
	Corporate Creations Network Inc.		So.				
	801 US Highway 1	P.O. Box NOT acceptable					
	P.O. Box NOT acceptable North Palm Beach FL 33408						
The street addresses changed will	ss of its registered office and the be identical.	e street address of the business office	e of its registered agent,				
Such change wa authorized by th	is authorized by resolution duly board, or the corporation has l	adopted by its board of directors or been notified in writing of the chang	by an officer so				
Kim St	to keyn e of an officer or director	Kim Stokem Attorney in Fac	ä				
l hereby accept I further agree t of my duties, an document is bei	the appointment as registered a	Printed or typed name gent and agree to act in this capacit all statutes relative to the proper and the obligation of my position as regue in the registered office address, I change.	ט'י				
Kim	Stokem	05/22/2024					
Sign	nature of Registered Agent	Date					
If signing on be	half of an entity:						
Kim Stokem Spe	cial Secretary						
Ť	ped or Printed Name	_					

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