F990000456

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(Re	questor's Name)				
	dress)				
bA)	dress)				
(City/State/Zip/Phone #)					
		MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
<u> </u>	-				

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PAGRO Change

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April Section 2023 MAY 11 AM 11: 43

CORPORATION SERVICE COMPANY

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

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		ACCOUNT NO.		:	I2000000195		
			REFERENCE	:	728405	8169857	
			AUTHORIZATION	5	somet ele	Ran	
			COST LIMIT	:	\$ 35.00		
ORDER	DATE	:	May 9, 2023				
ORDER	TIME	:	9:12 AM				
ORDER	NO.	:	728405-117				

CUSTOMER NO: 8169857

CHANGE OF AGENT

NAME: GYPSUM MANAGEMENT AND SUPPLY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

1. The name of the corporation: <u>GYPSUM MANAGEMENT & SUPPLY, INC.</u>

2. The principal office address: 100 Crescent Centre Parkway Suite 800 Tucker, GA 30084

3. The mailing address (if different); _____

4. Date of incorporation/qualification: 01/25/1999 Document number: F99000000456

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

1200 SOUTH PINE ISLAND RD.

PLANTATION

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company						
1201 Hays Street						
····	P.O. Box_NOT acceptable					
Tallahassee	FL 32301					

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jill Cilmi, Vice President

Printed or typed name and title

33324

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. Corporation Service Company

By: Signature of Registered Agen

05/09/2023

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314