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(Address) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)						
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)						
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COVER LETTER

TO:

Registration Section Division of Corporations

TURNER FURNITURE OF DANVILLE, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MARY CASTILLO Name of Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd, Suite 300 Address Austin, TX 78744 City/State and Zip Code notices@rasi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARY CASTILLO Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

☑ \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ime of the limited liability company: TURNER I	-URI	NITURE	OF DANVILL	E, Ll	_C		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)					
	317 INDUSTRIAL BLVD.		317 INDUSTRIAL BLVD.					
	THOMASVILLE, GA 31792	_	THOM	ASVILLE, GA		31	792	
	40/44/0045	_	1.4.500	0474000				
	10/14/2015		L1500	0174926				
3.	Date of filing/registration in Florida	4.		Document number				
(b)	Registered Agent and Registered Office shown on the records of WALLACE, NANCY M Registered Office Address (MUST BE FLORIDA STREET) 106 E. COLLEGE AVE. SUITE 1200 TALLAHASSEE, FL 32301	ADDRES	<u>s.s,</u>		名音	17 رازار		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Registered Agent Solutions, Inc.	Office a	ddress:		SEC. TE	. 10 AH II: 49	IT:	
	NEW Registered Office Address:			_	021	1:1	7	
	155 Office Plaza Dr., Suite A					9		
	Tallahassee, FL	3230	1	_				
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited hiere authorized by an affirmative vote of the members called of organization of the operating agreement of the	the reg ability (of the li	istered offic company, it mited liabili	ce and the business of is hereby confirmed ity company or as off	office of that the	the reg	gistered e(s)	
	tom	R	ussell Tui			siden	t	
I here provisi the ohl to mere notified	ture of a member or confidence representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in viviting of this change. Justine Karnell re of Jegistered Agent Assistant Secretary	vee to a perfori d for in hereby	ct in this ca nance of my Chapter 60 confirm tha	Printed or typed name pacity. I further agr duties, and I am far 5, F.S. Or, if this do the limited liability	-		ith the accept g filed been	
orginatii	// / / / / / / / / / / / / / / / / / /	D 4 31	Marine	PI 22214				
	Division of Corporations • P.O. I			assee, F1. 32314				

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations

TURNER FURNITURE OF DANVILLE, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning th	is matter to the	following:
MARY CASTILLO		
Name of Person		_
Registered Agent Solutions, Inc.		
Firm/Company		<u> </u>
1701 Directors Blvd, Suite 300		
Address		
Austin, TX 78744		
City/State and Zip Code		
notices@rasi.com		
E-mail address: (to be used for future ann	mal report noti	fication)
For further information concerning this matter.	please call:	
MARY CASTILLO	888 at (705-7274
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	AH.ING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314
Enclosed is a check for the following	amount:	
☑ \$25 Filing Fee	<u> </u>	55 Filing Fee & Certified Copy

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1.	Na	Same of the limited liability company: TURNER FURNITURE OF DANVILLE, LLC								
2.										
		Principal office address of limited liability company: (Note: MUST BE STREET_ADDRESS)			(b)					
		317 INDUSTRIAL BLVD.			317 IN	NDUSTRIAL BL		<u></u>		
		THOMASVILLE, GA	31792		 -	MASVILLE, GA		317	 792	
				_	11101	MASTELL, ON				
		10/14/2015			L1500	00174926				
3.		Date of filing/registration i	n Florida	4.		Document number				
5.	(a)	Registered Agent and Registered Office sho								
			iwn on the records of	the Flori	la Dept. of Si	tate:				
		WALLACE, NANCY M								
		Registered Office Address (MUST BE)	FLORIDA STREET :	<u>ADDRES</u>	<u>88)</u>					
		106 E. COLLEGE AVE. SUIT	ΓΕ 1200							
		TALLAHASSEE, FL 32301								
							:.			
(b)	(b)	Enter name of NEW Registered Agent and	Hot XFW Registered	Office a	ddrocu:			17		
		tance hame or NEW Registered Agent and	on <u>on the Regimered</u>	Onice a	darett .		=======================================	<u>;</u>		
		Registered Agent Solutions,	Inc.				388	0.7		
		NEW Registered Office Address:						A		
		155 Office Plaza Dr., Suite A					9.5	AM II:	1-	
							R) (5)	6 1		
		Tallahassee	, FL	3230	1 —	<u> </u>	• •			
the ago wa	cha ent w s/we	mited liability company is not organing or changes are made, the Floridal libe identical. Or, in the case of a are authorized by an affirmative vote cles of organization or the operating	a street address of Florida limited li- of the members o	the reg ability of the li	istered off company, i mited liabi	ice and the business off t is hereby confirmed th lity company or as othe	ice of that the	the reg change	istered (s)	
		Canu ?		R	ussell Tu	ırner	Pres	sident		
S	Signat	ure of a member of authorized representative	e of a member			Printed or typed name of	Esignee		·	
pro the to i	visio obli mere	oy accept the appointment as registerns of all statutes relative to the projections of my position as registered by reflect a change in the registered in writing of this change. Justine Karne	per and complete Lagent as provide Loffice address, L	ree to a perfori d for in hereby	et in this co nance of m Chapter 6 confirm the	apacity. I further agree by duties, and I am fami, 05, F.S. Or, if this doct at the limited liability co	to con liar wi ument ompan	uply wi th and is being v has b	ith the accept g filed seen	
Sig	gnatui	re of Degistered Agent Assistant Sec								
		Division of Corp	porations• P.O. I	Box 632	27● Tallah	iassee, FL 32314				

FILING FEE: \$25.00