Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE CRAFT AND TECHNICAL SOLUTIONS, LLC

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To • • • Page: 3 of 3 2023-10-16 13:47:58 CST 12122023573 From: David Thomas

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.

ame of the limited liability company: Craft and Technic	al Solutions, LLC	
30500 State Hwy 181	(b) 30500 St	ate Hwy 181
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
Suite 128	Suite 128	
Spanish Fort, AL 36627	Spanish F	ort, AL 36627
07/07/2016	L16000128	1543
Date of filing/registration in Florida	4.	Document number
Corporation Service Company		
	the Florida Dept. of Sta	te
Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	_
Tullahassee, FL	32301-2525	2023 OC1
C T Corporation System		
Enter name of NEW Registered Agent and/or NEW Registered	Office address:	2023 OCT 16 PH 12: 34
NEW Registered Office Address,		- · · · · 3 ₁
1200 South Pine Island Road		_
Plantation FL	33324	_
inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the SI YEHUDA CHAKOFF ture of a member or authorized representative of a member by accept the appointment as revisitered agent and agreement.	the registered office ability company, it if the limited liability company of the liability company of the liability control of the liability contr	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. PRESOUNT OF SOLE MEMBER ARMADA PARENT INC Printed or typed name of signee process. I further agree to comply with the
	principal office address of limited liability company (Note: MUNT BE STREET ADDRESS) Suite 128 Spanish Fort, AL 36627 O7-07/2016 Date of filing/registration in Florida Corporation Service Company Registered Agent and Registered Office shown on the records of 1201 Hays Street Registered Office Address Tallahassee [NEST BE FLORIDA STREET] Tallahassee [ST Corporation System Intername of NEW Registered Agent and/or NEW Registered NEW Registered Office Address, 1200 South Pine Island Road Plantation [FL] Imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liese authorized by an affirmative vote of the members of icles of organization or the operating agreement of the SI YEHUDA CHAKOFF Inter of a member or authorized representative of a member by account the approximation as registered agent and our polyment and contained the approximation of the presentative of a member by account the approximation of the street and our polyment as registered agent and our polyment as registered agent and our polyment and our polyment as registered agent and our polyment and our polyment as registered agent and our polyment and polyment and our polyment and po	30500 State Hwy 181