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(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busin	less Entity Nan	ne)
(Docu	ment Number)	
ertified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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2023 SEP 25 AM 10: 43

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

ACCOUNT NO. : 12000000195
REFERENCE : 986577 7268145
AUTHORIZATION: Fine Sle no
COST LIMIT : \$25.00
ORDER DATE : September 14, 2023
ORDER TIME : 8:46 AM
ORDER NO. : 986577-007
CUSTOMER NO: 7268145
CHANGE OF AGENT
NAME: VALLEY FORGE TEXTILES, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland-sorenson EXT#

EXAMINER:

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.

1650 W. McNab Road	(b) 1650	W. McNab Road
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Fort Lauderdale, FL 33309	Fort La	auderdale, FL 33309
07/07/2017	L17000	146244
Date of filing/registration in Florida	4,	Document number
Registered Agent and Registered Office shown on the records	s of the Florida Dept. of	State:
CT CORPORATION SYSTEM	·	
Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	
1200 SOUTH PINE ISLAND ROAD		
PLANTATION	33324	FIL 2023 SEP 25 TALLAHASS
•	FL_00024	
)		EP 25
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	red Office address:	<u> </u>
Corporation Service Company		AMID: 43 EFFLORID
NEW Registered Office Address:		PA δ
1201 Hays Street		
Tallahassee	FL 32301	
	laws of the State of	Florida, it is hereby confirmed that after and the business office of the registered
ge or changes are made, the Florida street address of t	the registered office	it is hereby confirmed that the change(s)
ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member	the registered office l liability company. is of the limited liab	it is hereby confirmed that the change(s) ility company or as otherwise provided it
ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member titles of organization or the operating agreement of the second street of the control of the c	the registered office l liability company. s of the limited liab he limited liability o	it is hereby confirmed that the change(s) ility company or as otherwise provided is company. I Cilmi, Authorized Person
limited liability company is not organized under the ge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member titles of organization or the operating agreement of the member of a member or authorized representative of a member seby accept the appointment as registered agent and a	the registered office I liability company. Is of the limited liab the limited liability of Jil	it is hereby confirmed that the change(s) ility company or as otherwise provided isompany. I Cilmi, Authorized Person Printed or typed name of signee

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00