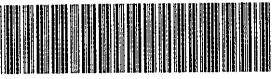
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(Requestor's Name)			
(Address)	10034		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	06/23/2		
(Document Number)			
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: June 18, 2020

Order#: 329040/015

Re: ADVANCED WORK VAN INTERIORS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

• I 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.

Name of the limited liability company: ADVANCED WOF			JRK V.	AN —	_	
2.	(a)	7652 CENTRAL INDUSTRIAL DR #1		(b)		NTRAL INDUSTRIAL DR #1
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			N	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		RIVIERA BEACH, FL 33404			RIVIERA E	BEACH, FL 33404
		12/29/2017	_	ĺ	18000000	260
3.		Date of filing/registration in Florida	- 4.	_		Document number
٥.		C T CORPORATION SYSTEM	٦.			Document named
5.	(a)	Registered Agent and Registered Office shown on the records of	the Flor	ida	Dant of State	-
		1200 SOUTH PINE ISLAND ROAD	ine rioi	lua	Dept. or State	
		Registered Office Address (MUST BE FLORIDA STREET)	(DDPE	reci		-
		Registered Office Address	IDDAL	,,,,,,,		23
						2070 UK
		PLANTATION	33324	4 		
						23
	(b)	Enter name of NEW Registered Agent and/or NEW Registered		a d d	raca:	A. H.
		times thanks of NEW Registered Agent and/or NEW Registered	Once	auu	<u>1 Ç38</u> .	⊘
		Corporation Service Company				g: 05
		NEW Registered Office Address:				<u>. </u>
		1201 Hays Street				
		Tallahassee . FI	3230	1		
cha age	ange ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the register the litty of the l	erec cor imi	d office and npany, it is ted liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/S/ Brian Bowden						
- 5	ignal	ture of a member or authorized representative of a member	_			Printed or typed name of signee
pre the to	ovisi obl mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It I in writing of this change.	ee to a perfor I for in iereby	nct i ma n Ci coi	in this capa nce of my a hapter 605, nfirm that t	ocitv. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been
Sig	znatu	re of Registered Agent				5
		` Grace E. ∤ Division of Corporations• P.O. I	Kirby Box 63	, <i>F</i> 327	Asst. Vic • Tallahas	e President see, FL 32314

FILING FEE: \$25.00