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Division of Corporations

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From:

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Account Number : I20160000048 Phone

: (800)345-4647

Fax Number

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LLC REGISTERED AGENT CHANGE COASTAL FLOORING DISTRIBUTORS, LLC

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K. SALY

AUG 16 2024

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

| Purs subn Flor | its the following statement in order to change | 05.0116. Florida Statutes, the undersigned limited liability company its registered office or registered agent, or both, in the State of TAL FLOORING DISTRIBUTORS, LLC |
|--|--|--|
| 1. N | ame of the Limited Liability Company: | ALTEOORING DIG TRIBOTORG, ELG |
| 2. (ε |) 1311 N Dixie Fwy | (b) 215 SANDY LN |
| • | Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | any: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Suite C | |
| | New Smyrna Beach, FL 32168 | NEW SMYRNA BEACH, FL 32168 |
| | 2/12/2018 | L18000039116 |
| 3. | Date of filing/registration in Florida | 4. Document number |
| 5. (| s) SPYWORKS, INC | |
| | Registered Agent and Registered Office shown on the rec | cords of the Florida Dept of State: |
| | 215 SANDY LN | |
| | Registered Office Address (MUST BE FLORIDA ST | " <u>REET ADDRESS)</u> |
| | | |
| | NEW SMYRNA BEACH | FL 32168 FL 32168 Printered Office address: |
| | NEW SWITKING BEACH | |
| o. |) Capitol Corporate Services, Inc. | र्रं ज |
| (t | Enter name of NEW Registered Agent and/or NEW Reg | gistered Office address: |
| | | |
| | 515 East Park Avenue 2nd Fl | LO ₃ . 5 |
| | NEW Registered Office Address. | |
| | | |
| | Tallahassee | FL32301 |
| the c agen was/ | hange or changes are made, the Florida street add will be identical. Or, in the case of a Florida lim | the laws of the State of Florida, it is hereby confirmed that after ress of the registered office and the business office of the registered nited liability company, it is hereby confirmed that the change(s) inbers of the limited liability company or as otherwise provided in of the limited liability company. |
| Ryal | returedy nature of a member or authorized representative of a member | Ryan Kennedy |
| | | |
| I her provi the o to me notifi | why accept the appointment as registered agent a sions of all statutes relative to the proper and con bligations of my position as registered agent as p rely reflect a change in the registered office addi ed in writing of this change. | md agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and accept rovided for in Chapter 605, F.S. Or, if this document is being filed ress, I hereby confirm that the limited liability company has been |
| | Bin Brelevei B | <u>ria</u> n Radecki, Assistant Secretary on |
| Signe | ture of Registered Agent bo | ehalf of Capitol Corporate Services, Inc. |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: S25.00