5/20/24, 2:44 PM

Division of Corporations

Florida Department of

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (614)573-3996

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## LLC REGISTERED AGENT CHANGE UNITY WINDOWS, LLC

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## 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.

I. Na	me of the limited liability company: Unity Windows, I	.LC				
. (a)	1070 Technology Drive	- A	(b) 1070 Technology Drive			
·· (u) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (		Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)		
	North Venice, FL 34275	North Ven	nice, FL 34275			
	01/14/2021	_	L21000014	4210		
i.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CORPORATION SERVICE COMPANY					
. (4)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET					
	Registered Office Address	<u>IDDRES!</u>	<u>5)</u>			
	TALLAHASSEE , FL	32301-2	525	-		
(b)	C T Corporation System	202				
	Enter name of NEW Registered Agent and/or NEW Registered	Officend	dress:	2024 11.7 20		
	NEW Registered Office Address:					
	1200 South Pine Island Road	<del> </del>	<del>.</del> .	Pi :		
	Plantation, FL	33324		<u>သ</u> 		
he cha igent w vas/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of full be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regional the region of the lin limited	stered offic impany, it i nited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
Kan Ru Stonal	Life of a member or authorized representative of a member			Printed or typed name of signee		
l herel provisi he obli o mere totified by:	oy accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have the change of this change.  C. T. Corporation System	ee to ac perform d for in iereby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the		