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To:

Division of Corporations

Florida Department of Spate

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 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.

LLC REGISTERED AGENT CHANGE NEWSOUTH WINDOW SOLUTIONS OF SAN ANTONIO, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT QR BOTH FOR LIMITED LIABILITY COMPANY \star - \star

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.

1. N	ame of the limited liability company: NewSouth Wine	low Solutions	of San Antonio, LLC		
2. (a)	10741 CROSSROADS COMMERCE BLVD	(b)	(b) 10741 CROSSROADS COMMERCE BLVD		
, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of finited liability company: (Note: MAY BE POST OFFICE BOX)		
	TAMPA, FL 33610	 -	TAMPA, FL 33610		
	05/16/2022	 L	22000205550		
 3. 5. (a) 	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	Document number		
-, (u	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		ept of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	TALLAHASSEE	1, 32301-2525	5		
.1.	C T Corporation System		2021		
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	2024177 20		
	NEW Registered Office Address:				
	1200 South Pine Island Road		PH12: 26		
	Plantation , F.	. 33324 I			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the register liability composited of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
ا فرمانه!	ad	Robert	Reed		
Signi	iture of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer notifie By:	rby accept the appointment as registered agent and actions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. CT Corporation System CT Corporation System CT Corporation System	ree to act in e performan ed for in Che hereby conj	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apier 605, F.S. Or, if this document is being filed firm that the limited liability company has been		