Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

annual report mailings. Enter only one email address please.** Enter the email address for this business entity to be used for future

Email Address:

LLC REGISTERED AGENT CHANGE MASTER CRAFT FLOORING LLC

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K. Brumble)

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.

1 Million	J.	MACTE					
1. Na	ame of the limited liability company:	MASIE	<u> </u>	RAFI	FLOOR	RING	<u>LLC</u>
2. (a)			_ (b)				
	Principal office address of limited li (Note: MUST BE STREET)				ng address of limited ote: MAY BE POST		-
	7901 4th St N STE				th St N S		
	St. Petersburg FL 3	3702	-		rsburg FL		
	01/19/2023		ļ	_2300	003592	7	
3.	Date of filing/registration in	ı Florida	4.	Doe	rument number		
5. (a)	DZEMA, ALEXSAN						
	Registered Agent and Registered Office sho		e Florida I	Dept. of State:			
	440 FORDHAM RI						
	Registered Office Address (MUST BE F	LORIDA STREET AL	<u>ODRESS)</u>			~	
					-,	2023 HAR	
	VENICE	, fl. 3	3429	3		HAR	1
	Northwest Regis	tarad Aa	ont	LLC		-2	严证
(b)	Enter name of NEW Registered Agent and		***************************************			-D	
		- I I I I I I I I I I I I I I I I I I I		<u> </u>			٣
	7901 4th St N					2: 00 i	
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg	, FL	3370)2			
If the li	mited liability company is not organ	ized under the laws	of the S	State of Florid:	a it is hereby cor	ificmed that	after
the chai	nge or changes are made, the Florida	street address of th	ne regist	ered office and	I the business off	fice of the re	egistered
was/we	vill be identical. Or, in the case of a re authorized by an affirmative vote	of the members of :	the limit	ed liability con	mpany or as othe	iac ine unan rwise provi	ge(s) ded in
the artic	cles of organization or the operating	agreement of the li			y.		
Signati	ure of a member or authorized representative	of a member	<u>Na</u>	t Smith	ated or typed name o	f signee	
provision the oblition to mere	by accept the appointment as register ons of all statutes relative to the proj igations of my position as registered by reflect a change in the registered In writing of this change.	ed agent and agree per and complete pe agent as provided p office address, I he	erforman for in Cl reby con	n this capacity nce of my dution napter 605, F.S nfirm that the l	v. I further agree ss, and I am Jami S. Or, if this doc imited liability c	e to comply liar with an ument is bei ompany has	with the d accept ng filed been
Signatur	Taylor Newman - Ass	istant Secretary					