M02000001311

(Requestor's Name)						
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PICK-UP	MAIT	MAIL				
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SECRETARY OF STATE

DEC 17 2014 T. CARTER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby gkirby3@cscinfo.com

Date: December 9, 2014

Order#: 412276-047

Re: KINGSWERE FURNITURE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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.	Na	me of the limited liability company: KINGSWERE F	URNITUE	RE LLC		
2.	(a)	One Ashley Way	(b)	One Ashley Way		
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Arcadia, WI 54612 19801		Arcadia, WI 54612		
		05/17/2002		M02000001311		
3.		Date of filing/registration in Florida	4.	Document nun	nber	
5.	(a)	CT Corporation System				
٠.	(4)	Registered Agent and Registered Office shown on the records of t	the Florida I	Dept. of State:		
		1200 South Pine Island Road				
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			
					- - -	
					A CIC	
		Plantation , FL	33324		CRET LAH DEC	
		,				
	(b) Corporation Service Company				H X	
	` '	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addi	ress:		
					STA FLOR	
		1201 Hays Street			91	
		NEW Registered Office Address:				
		Tallahassee , FL	32301	-		
the ag wa the	e cha ent v as/we e arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registability confirmation from the limited liange in the limited liange in the li	ered office and the busine npany, it is hereby confirr ted liability company or as	ess office of the registered med that the change(s) s otherwise provided in	
I pr the to no	herel ovisi e obl mere otified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the control of this change.	performa d for in Cl iereby coi	in this capacity. I further nce of my duties, and I am hapter 605, F.S. Or, if thi nfirm that the limited liab	agree to comply with the	

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00