Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)694-1639

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

Email Address:___

LLC REGISTERED AGENT CHANGE FIRESTONE INDUSTRIAL PRODUCTS COMPANY, LLC

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Corporate Filing Menu

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WAY 15 2019

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. Nar	ne of the limited liability company:	one Industri	al P	roducts C	ompany, LLC
	200 4TH AVE. S SUITE 100		(b)	200 4TH	AVE. S SUITE 100
2. (a) <u>'</u>	Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS	mpany:	(0)	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NASHVILLE, TN 37201			NASHVI	LLE, TN 37201
	10/16/2006		1	M060000	05770
3.	Date of filing/registration in Florida	a 4.			Document number
	NRAI SERVICES, INC				
5. (a)	Registered Agent and Registered Office shown on the 1200 South Pine Island Road Registered Office Address OMUST BE FLORIDA				: -
	Registered Office Addition				نامی ایند
	Plantation	, FL_333	324		
(b)	United Agent Group Inc.				第二章 TE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> 11380 Prosperity Farms Road #221 <u>NEW Registered Office Address:</u>		CE MO	<u></u>	- 8 © × 5
	Palm Beach Gardens	, _{FL} 33	410		- -
the cha	limited liability company is not organized un ange or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative yote of the ieles of organization or the operating agreen	limited liabil	ity co ic lin ited	ompany, it nited liabili liability co	is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
	July		Ca	rios M Al	varez, Attomey-in-ract
Signal I here provise the object to men notified	where of a member or authorized representative of a member of all statutes relative to the proper and the proper of the proper o	ent and agree of complete per as provided for address, I here allowers, Special specia	to ac form or in eby c	t in this cap tance of my Chapter of confirm tha	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
Signat	ure of Register to sent				
	Division of Corporation	ons• P.O. Box FILING FEE	c 632	7● Tallah: 5.00	1890£, FL 32314