Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000112237 3)))



H200001122373ABCS

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To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:_

LLC REGISTERED AGENT CHANGE INTERNATIONAL WHOLESALE TILE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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APR 1 7 2020

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15129570210

pg 2 of 4 H200001122373

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: International Wholesale Tile, LLC Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Mary Castillo								
Name of Person								
Registered Agent Solutions, Inc.								
Firm/Company								
1701 Directors Blvd, Suite 300								
Address								
Austin, TX 78744								
City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Mary Castillo at (888) 705-7274								
Name of Person Area Code & Daytime Telephone Num	ber							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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	nme of the limited liability company: Internation					·····
2. (a)	3500 S.W. 42ND AVENUE	_(b) 35	00 S.V	V. 42ND	AVE	NUE
L. (a)	Principal office address of limited liability company:	(0/	Mailing a	address of limited li	iability com	ipany:
	(Note: MUST BE STREET ADDRESS)	D 4		MAY BE POST (
	PALM CITY, FL 34990	_ <u>PA</u>	LM CI	TY, FL 3	34991	<u> </u>
	0/5/0000		00000	0500		
	2/5/2008	M0800000593				
3.	Date of filing/registration in Florida	4. —	Docum	nent number		
5. (a)	C T CORPORATION SYST	EM				
J. (w)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. o	f State:			
	1200 SOUTH PINE ISLAND	ROAD				
	Registered Office Address (MUST BE FLORIDA STREET)	IDDRESS)				
	DI ANITATIONI	22224	***************************************		2026	
	PLANTATION FL	33324		- ;	ħΡ	
	Registered Agent Solutions,	Inc			2020 APR 16	
(b)	X		<u>-</u>		9	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:			P	l .
	155 Office Plaza Dr.			•	5	
	NEW Registered Office Address:	·			25	
	Suite A					
	Odito / 1					
	Tallahassee, FL	32301				
				t is barabu aanf	iomad the	ıt ofter
the cha	limited liability company is not organized under the lay ange or changes are made, the Florida street address of	the registered (office and th	he business offi	ce of the	registered
agent	will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of	ability company	y, it is hereb	ly confirmed tha	at the cha	nge(s)
was/w the art	icles of organization or the operating agreement of the	limited liability	y company.	any or as office	wise prov	riaca iii
	fichael D'Agostino		I D'Ago:	stino CF0	C	
	ature of a member or authorized representative of a member		Printed	d or typed name of	signee	
provis the ob to mer	by accept the appointment as registered agent and agentions 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 din writing of this change. Mackenzie Hart, Asse Secretary	ce to act in this performunce of d for in Chapte hereby confirm	s capacity. f my duties, r 605, F.S. that the lim	I further agree and I am Jamil Or, if this docu nited liability co	to comply iar with a ment is b mpany ho	e with the and accept eing filed as been
Signate	are of Registered Agent					