MISOOGOLULZ

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(Cit	y/State/Zip/Phon	e #)	
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 2, 2016

Order#: 107925-025

Re: APPLIANCE PARTS DEPOT, 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: Ami Casper

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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:
			(Note: MAY BE POST OFFICE BOX)
	Dallas, TX 75247		
	07/31/2015	<u>M</u>	15000006062
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Capitol Corporate Services, Inc.		
. ,	Registered Agent and Registered Office shown on the records of	the Florida Dep	ot. of State:
	155 Office Plaza, Suite A		مارىخى
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	Tallahassee , FI	32301	The second secon
(b)	Corporation Service Company		54.7
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee	, 32301	
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the Stat f the registere ability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	seph Thomas		Thomas, Authorized Person
Signa	ture of a member or authorized representative of a member	оссори	Printed or typed name of signee
<i>т</i> инутес	by accept the appointment as registered agent and agree ons 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 is a change of this change. The of Registered Agent Corporation Service Company		this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept of the following filed of the limited liability company has been a Queppet, Asst. Vice President

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