M16000005806

| (Requestor's Name) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer | | | | | | | | |
| | | | | | | | | |
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Office Use Only



000412721620

S. CHATHAM AUG 1 4 2023

2023 AUG 11 PM 2:

RECFIVED

2023 AUG 1 1 PM 3: 34

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO | D. : I2000000195 | | | | | | | |
|--|----------------------|--|--|--|--|--|--|--|
| REFERENC | CE : 917837 4379710 | | | | | | | |
| AUTHORIZATIO | ON : | | | | | | | |
| COST LIMI | IT Su25000 man | | | | | | | |
| | 77 | | | | | | | |
| ORDER DATE : August 3, 2023 | 3 | | | | | | | |
| ORDER TIME : 1:29 PM | | | | | | | | |
| ORDER NO. : 917837-069 | | | | | | | | |
| CUSTOMER NO: 4379710 | | | | | | | | |
| | · | | | | | | | |
| CHANGE OF AGENT | | | | | | | | |
| NAME: CARLISLE CONSTRUCTION MATERIALS, LLC | | | | | | | | |
| PLEASE RETURN THE FOLLOWING A | AS PROOF OF FILING: | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | | |
| CONTACT PERSON: Eyliena Bake | er | | | | | | | |
| F | EXAMINER'S INITIALS: | | | | | | | |

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: CARLISLE CO | ONSTRU | CTION MA | TERIALS, LLC | | | |
|---------------------------|--------------------------------|--|--|--|---|--|--|------------------------------------|
| | | | | | | | | |
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | ` | Mailing address of limite (Note: MAY BE POS | ed liabil | ity comp | any: |
| | | 1285 Ritner Hwy | | 1285 Ritner Hwy | | | | |
| | | Carlisle, PA 17013 | | Carlisle | , PA 17013 | _ | | |
| | | 07/15/2016 | | M160000 | 005806 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | | | , |
| 5. | (a) | | | | | | | |
| J. (C | \-/ | Registered Agent and Registered Office shown on the records of the Florida Dept. of State UNITED AGENT GROUP INC. | | | tate: | Ğ | 2023 AUG | - 1 |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | _ | | <u>क</u> | ; ; ===: |
| | | 801 US HIGHWAY 1 | | | | | | , ज्वा ड , , |
| | | NORTH PALM BEACH I | 33408 | | _ | -: | PH 2: | ال الله . السياد |
| | | | | | | | 36 | |
| | (b) | Enter name of NEW Registered Agent and/or NEW Register | | | | | | |
| | | Enter name of NEW Registered Agent and/or NEW Register | ed Office a | ddress: | | | | |
| | | Corporation Service Company | | | | | | |
| | | NEW Registered Office Address: | | | | | | |
| | | 1201 Hays Street | | | | | | |
| | | Tallahassee . I | 32301 | | | | | |
| cha age wa: | inge nt w s/we | mited liability company is not organized under the l or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of the | ne registe liability of s of the line limited | red office a ompany, it nited liabil liability co | and the business office is hereby confirmed to ity company or as oth ompany. | of the | registe change | red e(s) |
| | · | ye of a member or authorized representative of a member | Jill — | Cilmi, Auth | horized Person | . 6 | | . |
| | - | | | u in thin an | Printed or typed name | _ | | iels elsa |
| pro the to r not | visio obli nere ifiea | by accept the appointment as registered agent and agons of all statutes relative to the proper and complet gations of my position as registered agent as providive reflect a change in the registered office address. It is writing of this change. | gree to ac le perforn led for in I hereby c | r in this ca jance of my Chapter 60 confirm tha | pactiv. I further agre y duties, and I am fam 15, F.S. Or, if this doc t the limited liability o | e to co iliar w zument zompai | mpty w ith and is bein iy has l | un me accept g filed been |
| <u>e:-</u> | <u>X</u> | race C-Kubly e of Registered Agent | | | | | | |
| | | E. Kirby, Asst. Vice President | | | | | | |

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