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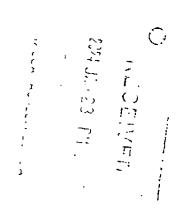
(Requestor's Name)
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(City/State/Zip/Phone #)
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 270954 8400101 AUTHORIZATION : COST LIMIT : \$ 25.0 ORDER DATE: January 17, 2024 ORDER TIME : 1:54 PM ORDER NO. : 270954-178 CUSTOMER NO: 8400101 CHANGE OF AGENT NAME: REPUBLIC DOORS AND FRAMES, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS: ____

CONTACT PERSON: Alexxis Weiland-sorenson

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. Name of the	limited liability company: REPUBLIC	DOORS AN	D FRAM	IES, LLC
C/O SCH	HLAGE LOCK COMPANY LLC			
Pri	ncipal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<u>,;</u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
11819 N	IORTH PENNSYLVANIA STREET		P.O. B	3OX 4265
CARME	L, IN 46032		CARM	IEL, IN 46082-4265
02/10/20	17		M17000	0001214
3. [Date of filing/registration in Florida	4.		Document number
5 (a)	·			
Registered	Agent and Registered Office shown on the recor	ds of the Florida	Dept. of S	State:
C T COF	RPORATION SYSTEM			
Registered	Office Address (MUST BE FLORIDA STRI	<u>EET ADDRESS</u>	<u>D</u>	
1200 SC	OUTH PINE ISLAND ROAD			
PLANTA	TION	33324		
		. FL	 .	<u> </u>
(b)				
Enter name	of NEW Registered Agent and/or NEW Regist	tered Office add	dress:	
				#4: €
Corporat	ion Service Company			PH 4: 2!
<u>NEW</u> Regi	stered Office Address;			
1201 Hay	ys Street			25 1
Tallahass	see	FL 32301		
hange or changes gent will be iden vas/were authoriz ne articles of orga- Signaturo of a mem hereby occupit the	s are made, the Florida street address of tical. Or, in the case of a Florida limited and the proper and complete of a phonocerotropic	the registere d liability corers of the limited limite	d office a npany, it ted liabil ability co ey N. Bra	Florida, it is hereby confirmed that after the and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Bun, Senior Vice President Printed or typed name of signee Apacity. I further agree to comply with the vicinity and I am familiar with and accept to the limited liability company has been

FILING FEE: \$25.00