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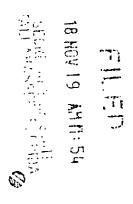
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COVER LETTER

Registration Section

Division of Corporations SUBJECT: ICRAFT FURNITURE RESOURCE IFR LLC Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ELIZABETH GINORI Name of Person **BCGR TAX & FINANCIAL SERVICES LLC** Firm/Company 1645 PALM BEACH LAKES BLVD STE 480 Address WEST PALM BEACH, FL 33401 City/State and Zip Code EGINORI@BCGRCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ELIZABETH GINORI Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & ■ \$25 Filing Fee ☐ \$30 Filing Fee & ☐ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

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CR2E055 (9/15)

Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Enter new principal office address, if applicable	1645 PALM BEACH LAKES BLVD 480		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
	WEST PALM BEACH, FL 33	401	
Enter new mailing address, if applicable:			
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	1645 PALM BEACH LAKES BLVD 480		
	WEST PALM BEACH, FL 334	401	
2. The Florida document number of this limited	liability company is: M1800009311	<u>≥</u> 0	
3. Jurisdiction of its organization: DELAWARE		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
4. Date authorized to do business in Florida: 10/15/2018		<u> </u>	
SECTION II (5-9 complete only the applicable changes)			
5. New name of the limited liability company: (must contain "Limited Liability Company," "		C5,7 or "ECC.")	
(If name unavailable, enter alternate name adop copy of the written consent of the managers or must contain "Limited Liability Company," "L.	ted for the purpose of transacting business in F managing members adopting the alternate name	lorida and attach a	
6. If amending the registered agent and/or regist registered agent and/or the new registered office		ame of the new	
Name of New Registered Agent:		.	
Name of New Registered Agent: New Registered Office Address:	F Pl J . S		
	Enter Florida Street Addi		

Title/ Capacity	<u>Name</u>	Address	Type of Action
<u>P</u>	CONIGLIARO, F	1645 PALM BEACH LAKES BLVD 48	30 Add
		WEST PALM BEACH, FL 3340	1 Remove
P	CONIGLIARO, FRANK	1645 PALM BEACH LAKES BLVD 48	30 ■Add
		WEST PALM BEACH, FL 3340	1 Remove
			Add O Remove
			Add S
			Add
aforemention	under the law of which this entity is org	by the official having custody of records in the	Remove

Filing Fee: \$25.00