M1900001588

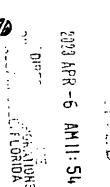
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinion Names)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
I HORNE
J. HORNE APR - 7 2023
Mr.,

Office Use Only



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2023 APR -6 - AH 9: 40 - SECRETARE : -





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:_	04/06/2023	
Name:	Chris Vick	_
Refere	ence #: 1958594	-
	Name: TRANSFORM SR HOME II	PROVEMENT PRODUCTS LLC
	Articles of Incorporation/Authorization	to Transact Business
Y	Amendment	
	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
✓	Other CERTIFIE	D COPY UPON FILING
Author	rized Amount: \$55.00	
Signat	ure:	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

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Account#: I20000000088

Date:_	04/06/2023	
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/	Amendment	
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	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
V	OtherCERTIFIED	COPY UPON FILING
Author Signat	rized Amount: \$55.00	

COVER LETTER

TO:

CR2E055 (9/15)

Registration Section

Division of Corporations Transform SR Home Improvement Products LLC SUBJECT: 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: Julie Roman Name of Person TransformCo Firm/Company 5407 Trillium Blvd. Suite B120 Address Hoffman estates, IL 60192 City/State and Zip Code legalint@transformco.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (847) 747-9073

Area Code & Daytime Telephone Number Julie Roman Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$30 Filing Fee & \$55 Filing Fee & S60 Filing Fee. \$25 Filing Fee Certificate of Status & Certified Copy Certificate of Status 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)	<u>,</u> -1	_
1. Name of lin	nited liability Company as it appears on the records	of the Florida Department of	711 <i>Y</i> 038	E7.0
State:	TO A MOROCIM OR MOME IMPROV			200
			5) <u>51</u>	5
Enter new prin	cipal office address, if applicable:			27
(<u>Principal offic</u> MUST <u>BE A S</u>	TREET ADDRESS)			99
(Mailing addre	ling address, if applicable: <u>ess</u> <u>OST OFFICE BOX</u>)			0
2. The Florida	document number of this limited liability company	is: M19000001588		
3 Jurisdiction	Delaware			
	3. Jurisdiction of its organization: Delawate 4. Date authorized to do business in Florida: 2/13/2019			
	(5-9 complete only the applicable changes)			
	of the limited liability company: (must contain "Limi	ted Liability Company, ""L.L.C.," o	r "LLC.")	
(If name unava copy of the wr must contain "	ailable, enter alternate name adopted for the purpositten consent of the managers or managing member Limited Liability Company," "L.L.C." or "LLC.")	e of transacting business in Florida a s adopting the alternate name. The al	nd attach a lternate na	ne
6. If amending registered ager	the registered agent and/or registered officer addre tt and/or the new registered office address here:	ss on our records, enter the name of	the new	
Name of New	Registered Agent:			
New Registere	d Office Address:	F . Cl : 1 0:		
		Enter Florida Street Address		
		, Florida	Code	
New Registere	ed Agent's Signature, if changing Registered Agent to the appointment as registered agent and agree to	· :		طوزيد
i nereoy accep	n ine appoiniment as registerea agent ana agree to	act in this cupacity, that mer agree	io compily	

If Changing Registered Agent, Signature of New Registered Agent

the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>	Address	Type of Action		
CEO	Shane Hansen	5407 Trillium Blvd. Ste. B12	0 ⊠Add		
		Hoffman Estates, IL 60192	Remove		
			Add		
		····	Remov		
			DAdd		
			Remove		
			Add		
			Remove		
			Add		
			Remove		
aforementioned	rtificate, if required: no more than amendment(s), duly authenticated or the law of which this entity is or	l by the official having custody of records in the	ne		
,		of the authorized representative			
	Lu	uke Valentino			

Filing Fee: \$25.00