9/4/2019



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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (614)280-3338 : (954)208-0845

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## LLC REGISTERED AGENT CHANGE HERITAGE CARPET & TILE, LLC

| Certificate of Status | 0       |
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SEP 06 -

T GL

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                | Name of the limited liability company: 2200 CORPORATE PARK DR   | (b) <sup>2</sup>   | (b) 2200 CORPORATE PARK DR  |  |  |  |
|----------------------|---|--|---|--|--|--|
| (-                   | Principal office address of limited liability company:  (Nose: MUST RE STREET ADDRESS)  |  | <del>-</del>  | Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) |  |  |
|                      | BOYNTON BEACH, FL 33426   | <u>B</u>   | OYNTON BEACH, FL 33426  |  |  |  |
|                      | 06/05/2019  | м  | 19000005527   | 10.41 Cultivation 1-59   |  |  |
| 3.                   | Date of filing/registration in Florida  | 4.   | Document number   | <del></del>  |  |  |
| 5. (a                | CORPORATION SERVICE COMPANY   |  |   |  |  |  |
| J. (L                | Registered Agent and Registered Office shown on the records   | of the Florida De  | pt. of State:   | 2  |  |  |
|                      |   |  |   | 015  |  |  |
|                      | Registered Office Address (SILST BE PLORIDA STREE   | -  | <u>S</u>  |  |  |  |
|                      | 1201 HAYS ST  | :  | 0<br>1 <u>Ti</u>  |  |  |  |
|                      | TALI.AHASSEE , I  | FI 32301   |   | <u>`</u>   |  |  |
|                      |   | · <del></del>  |   | E  |  |  |
| (b                   | C T Corporation System  |  |   | <del>.</del>   |  |  |
|                      | Enter name of NEW Registered Agent and/or NEW Register  | ed Office addres   | <u>ma</u> : `   |  |  |  |
|                      |   |  |   |  |  |  |
|                      | NEW Registered Office Address:  |  |   |  |  |  |
|                      | 1200 South Pine Island Road   |  | * 1.0 Napamore  |  |  |  |
|                      | Plantation , I  | FL 33324   | ····  |  |  |  |
| the clagent<br>was/s | limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | of the register<br>liability comp<br>s of the limite                 | ed office and the business office of the rany, it is hereby confirmed that the chard liability company or as otherwise provility company.                                       | registered<br>nge(s)   |  |  |
| Sign                 | saure of a member or authorized representative of a member  |  | Printed or typed name of signee   |  |  |  |
|                      | reby accept the appointment as registered agent and a<br>sions of all statutes relative to the proper and comple<br>bligations of my position as registered agent as provide<br>trely reflect a change in the registered office address,<br>and in writing of this change.        | gree to act in<br>te performance<br>ded for in Cha<br>I hereby confi | this capacity. I further agree to comply<br>we of my duties, and I am familiar with a<br>pter 6DS, F.S. Or, if this document is be<br>irm that the limited liability company ha | with the<br>nd accept<br>eing filed<br>is been                               |  |  |

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