900000

(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:				
J. HORNE JUN 25 ZÜZS				

Office Use Only



000453202490

2025 JUL 24 FILLS: 0 I

HEED

RECEIVED

2025 JUN 24 PM 3: 27



To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 06/24/25 Order #: 3300328-9

Re: AG BUILDING SOLUTIONS, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

I. N	ame of the limited liability company: AG BUILDING	SOLUTIC	·····
2. (a)	2025 Single Tree Lane	(b	2025 Single Tree Lane))
	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Lancaster, PA 17602		Lancaster, PA 17602
	10/08/2019		M19000009551
3. 5. (a)	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.	Document number
J. (u)	Registered Agent and Registered Office shown on the records o 1200 SOUTH PINE ISLAND ROAD	i Dept. of State:	
	Registered Office Address		
	PLANTATION, F	33324 L_	dress:
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	dress:	
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee , F	32301	
chang agent was/w the art	dimited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members sicles of organization or the operating agreement of the /S/Robert Z. Horst	e registere iability co of the lim e limited l	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer notifie	eby accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided in vertical actions of the change in the registered office address, I withing of this change.	gree to act e performe ed for in C hereby co	in this canacity. I further agree to comply with the

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILING FEE: \$25.00

CSC COA-337241