# Maa00000 1011

(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 2025						

Office Use Only



600453202506

FILED 2025 JUL 24 AHTH: 59

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 #: 3300328-2

Re: AG BUILDING DISTRIBUTORS, 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. Na	ame of the limited liability company:  AG BUILDING	DISTRI	BU <sup>*</sup>	TORS, LL	С	
2. (a)	2025 Single Tree Lane		(b)	2025 Single Tree Lane		
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)			
	Lancaster, PA 17605			Lancaste	r, PA 17605	
	01/20/2022		ı	M2200000	)1017	
3.	Date of filing/registration in Florida	4.	_		Document number	·r
i. (a)	C T CORPORATION SYSTEM					
'. (a)	Registered Agent and Registered Office shown on the records of	of the Flori	ida f	Dept. of Stat	– e:	
	1200 SOUTH PINE ISLAND ROAD					28
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u>.</u>	2025 JUL 21 1311:59	
					_	2.5
(b)	PLANTATION	33324	ļ			
	, r	L			-	重り
(-7	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			_	9	
	Corporation Service Company					
	NEW Registered Office Address:			<del></del>	-	
	1201 Hays Street				_	
	Tallahassee	32301	l			
	, r	L			-	
hange igent v vas/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registo liability of of the li	ered con imit	office and	d the business offi s hereby contirmed y company or as o	ce of the registered dithat the change(s)
	/S/ Robert Z. Horst	R	obe	rt Z. Hors	t, Member	
Signa	ture of a member or authorized representative of a member				Printed or typed nan	ne of signee
rovisi he obl o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address, I drin writing of this change.	gree to a e perfori ed for in Thereby	et in man i Ch con	n this cape ice of my d apter 605 firm that i	acity. I further ag duties, and I am fa , F.S. Or, if this d the limited liability	ree to comply with the miliar with and accep locument is being filed y company has been
Signatu	rc of Registered Agent					

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