

1M22000015311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

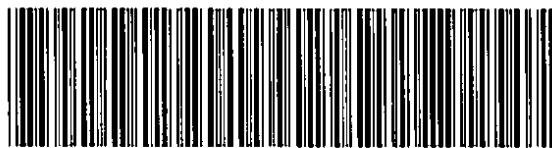
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2023 SEP 19 PM 12:40

2023 SEP 19 AM 9:56

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R. HUNT  
09/19/23

**CT CORP**  
**(850) 656-4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 09/19/2023  
Acc#120160000072

*en: c JSH*

Name:	IKEA HOME SERVICES LLC
Document #:	
Order #:	15129102 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:		04/12/2023 SEP 19 2023
		Number of Certs:		

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notification:
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

**Thank you!**

**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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: IKEA HOME SERVICES LLC

Enter new principal office address, if applicable:

Principal office address

**MUST BE A STREET ADDRESS**

420 ALAN WOOD ROAD

CONSHOHOCKEN, PA 19428

Enter new mailing address, if applicable:

Mailing address

**MAY BE A POST OFFICE BOX**

420 ALAN WOOD ROAD

CONSHOHOCKEN, PA 19428

2. The Florida document number of this limited liability company is: M22000015311

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 10/04/2022

2023 SEP 19 PM 12:40

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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.*

If Changing Registered Agent. Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Antonella Pucarelli	420 ALAN WOOD ROAD CONSHOHOCKEN, PA 19428	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

VP	Mark Foutch	420 ALAN WOOD ROAD CONSHOHOCKEN, PA 19428	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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T	John Robinson	420 ALAN WOOD ROAD CONSHOHOCKEN, PA 19428	<input type="checkbox"/> Remove <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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S	Stephani Lewis	420 ALAN WOOD ROAD CONSHOHOCKEN, PA 19428	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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Officer	Kimberly Fitzsimmons	420 ALAN WOOD ROAD CONSHOHOCKEN, PA 19428	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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\*\*see attachment\*\*

Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Kimberly Fitzsimmons

Signature of the authorized representative

Kimberly Fitzsimmons

Typed or printed name of signee

Filing Fee: \$25.00

\*\*Exhibit A\*\*\*

- Daniel Desai – Officer 420 ALAN WOOD ROAD CONSHOHOCKEN, PA 19428
- Shaughn White – Officer 420 ALAN WOOD ROAD CONSHOHOCKEN, PA 19428
- Martin Bates – Officers--420 ALAN WOOD ROAD CONSHOHOCKEN, PA 19428

Crittendon, Selwyn- Remove  
Kampe Christian- Remove

2023 SEP 19 PM12:40  
DIVISION OF CORRECTIONAL  
INSTITUTIONS OF PENNSYLVANIA