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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

Enter the email address for this business entity to be used for future ... annual report mailings. Enter only one email address please. C

Email Address: arichards@shumaker.com

REGISTERED AGENT CHANGE DECKS AND DOCKS LUMBER COMPANY, INC.

AND THE PROPERTY OF THE PROPER	
Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED O	FFICE OR REGISTERED AGENT OR BOTH
Pursuant to the provisions of sections 607.0502, 617.0502	. 607.1508; or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organic	zed under the laws of the State of Florida
in order to change its registered office or register	ed agent, or both, in the State of Florida.
1. The name of the corporation: Decks and Docks Lumber (Company, Inc.
2. The principal office address: 1281 Court St.	
Cleanwater Florida 33756	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 2/17/2005	Document number: P05000025287
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned	3)
Gerald Roberts	2072 FEB
1281 Court St.	22
Clearwater, Florida 33767 (resigned)	
6. The name and street address of the new registered agen (if changed): Christina Nethero	t (if changed) and /or registered office? いっこう
101 East Kennedy Blvd., Suite 2800	
<u> </u>	NOT acceptable
Tampa, Florida 33602	
The street address of its registered office and the street a as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so iffied in writing of the change.
Ll 1914	Shawn Roberts, Chief Executive Officer
Signature of an officer or director	Printed or typed name and title
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties; and I am familiar with and accept the oblideoument is being filed merely to reflect a change in the corporation has been notified in writing of this change.	l agree to act in this capacity. Ites relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Christina C. Nethero	February 22, 2022
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX.6327, TALLAHASSEE, FL 32314

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