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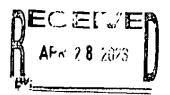
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations			
	ECT: Furniture Management, Inc. of Corporation			
DOCU	MENT NUMBER: P96000045308	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
The en	closed Statement of Change of Registered	d Office/Agent and fee are submitted	for filing.	
Please	return all correspondence concerning this	s matter to the following:		
		-		
Janet B	orders			
Name o	of Contact Person			
Wright	Lindsey & Jennings, LLP			
Firm/C	ompany			
200 We	est Capitol Ave., Ste. 2300			
Addres	SS			
Little R	Rock, AR 72201			
City/St	ate and Zip Code			
	bethjerry@hanksfurniture.co	m		
E-mail	address: (to be used for future annua	l report notification)		
For fur	ther information concerning this matter,	please call:	(* . *	20
John Pe	eace	at (501 \ \ 371-0808		23 A
	Name of Contact Person	at (501) 371-0808 Area Code & Daytime 7	l'elephone Nu	mber
				28
Enclose	ed is a \$35.00 check made payable to the	Department of State.	-	
				25 : II HV
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Section	۱.	7

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

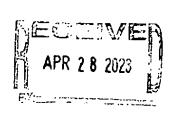
2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Furniture Management, Inc.	
2. The principal	office address: 1415 Dove Lane; St. George Island, FL 32328	
	5709 Worden Dund Champand AD 72121	
	address (if different): 5708 Warden Road: Sherwood, AR 72124	
4. Date of incorp	poration/qualification: November 20, 2018 Document number: P96000045308	
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	Henry C. Browne	
	1415 Dove Lane	
	St. George Island, F1, 32328	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	street address of the new registered agent (if changed) and /or registered office APR 28	
	1115 David Land	
	P.O. Box NOT acceptable	
	P.O. Box NOT acceptable St. George Island, FL 32328	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
\sim \sim	Mary Browne Allen	
Signatu		
I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the steen notified in writing of this change.	
	nature of Registered Agent Date	
If signing on be	half of an entity:	
Mary Browne Al		
	vped or Printed Name	

* * * FILING FEE: \$35.00 * * *