# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 01/24/2023

PRESIDENT

SIGNATURE: ALAN CONLEY

Electronic Signature of Signing Officer/Director Detail

Entity Name: CRAFTSMEN SUPPLY CENTER, INC.

## **Current Principal Place of Business:**

1605 N 23RD STREET TAMPA, FL 33605

### **Current Mailing Address:**

1605 N 23RD STREET TAMPA, FL 33605 US

# FEI Number: 59-0828561

## Name and Address of Current Registered Agent:

CONLEY, ALAN B 1605 N 23RD STREET TAMPA, FL 33605 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: ALAN B CONLEY			01/24/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VD	
Name	CONLEY, ALAN B	Name	CONLEY, REED B	
Address	1605 N 23RD STREET	Address	1605 N 23RD STREET	
City-State-Zip:	TAMPA FL 33605	City-State-Zip:	TAMPA FL 33605	

FILED Jan 24, 2023 Secretary of State 4747267381CC

Certificate of Status Desired: No

Date