Current Prin 1 DUKE DRIVE LAKE WORTH,			380331	17455CC
Current Mai	ling Address:			
1 DUKE DR LAKE WOR	IVE TH, FL 33460 US			
FEI Number: 65-0435364		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
FULLER, BRIA 134 NW 16TH 3 6 BOCA RATON,				
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of F	-lorida.
	d entity submits this statement for the purpose of changing its reg. E: BRIAN FULLER	istered office or regis	tered agent, or both, in the State of F	Florida. 04/29/2022
		istered office or regis	tered agent, or both, in the State of F	
SIGNATURE	E: BRIAN FULLER	istered office or regis	tered agent, or both, in the State of F	04/29/2022
SIGNATURE	E: BRIAN FULLER Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of F	04/29/2022
SIGNATURE Officer/Dire	E: BRIAN FULLER Electronic Signature of Registered Agent			04/29/2022
SIGNATURE Officer/Dire	E: BRIAN FULLER Electronic Signature of Registered Agent Ctor Detail :	Title	S	04/29/2022
SIGNATURE Officer/Dire Title Name	E: BRIAN FULLER Electronic Signature of Registered Agent Ctor Detail : P SALVATO, WILLIAM P 1 DUKE DRIVE	Title Name	S CONLEY, JOSEPH 845 DAFFODIL DRIVE	04/29/2022
SIGNATURE Officer/Dire Title Name Address	E: BRIAN FULLER Electronic Signature of Registered Agent Ctor Detail : P SALVATO, WILLIAM P 1 DUKE DRIVE	Title Name Address	S CONLEY, JOSEPH 845 DAFFODIL DRIVE	04/29/2022
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	EI BRIAN FULLER Electronic Signature of Registered Agent Ctor Detail : P SALVATO, WILLIAM P 1 DUKE DRIVE LAKE WORTH FL 33460	Title Name Address	S CONLEY, JOSEPH 845 DAFFODIL DRIVE	04/29/2022

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.

SIGNATURE: WILLIAM P SALVATO

City-State-Zip: BOCA RATON FL 33486

Electronic Signature of Signing Officer/Director Detail

Date

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ARLINGTON BUILDING & DESIGN CORP.

DOCUMENT# P93000061043

FILED Apr 29, 2022 **Secretary of State** 3865517455CC