

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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<b>Email</b>	Address:	

## REGISTERED AGENT CHANGE PRIDE INDUSTRIES, INC.

Certificate of Status	0
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Corporate Filing Menu

Help

From: Kaity Toon

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

statement of cha	nge is submitted for a corporation org	502, 607,1508, or 617,1508, Florida Statute unized under the laws of the State of Califor stered agent, or both, in the State of Florida	nia	
	the corporation: PRIDE INDUSTRIES.			
2. The principal	office address: 10030 Foothills Blvd			
2. The principal	Roseville, CA 95747			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 12/07/2006	Document number: F06000007561		
	d street address of the current registered rtment of State: (If resigned, enter resig	agent and registered office on file with the ned)		
	CORPORATE CREATIONS NETWOR	RK, INC.		
	801 US HIGHWAY 1 NORTH	ALL:	2024 APR	
	PALM BEACH, FL 33408	표한 용기	PR -	
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):		Φ	l T	
	C T Corporation System	OR	ب .	
	1200 South Pine Island Road	Or A	. 0	
	P.O. E Plantation, Florida 33324	Box NOT acceptable		
The street address changed will	ess of its registered office and the street be identical.	et address of the business office of its regis	tered ag	gent,
Such change wa authorized by the	as authorized by resolution duly adopt he board, or the corporation has been i	ed by its board of directors or by an office notified in writing of the change.	r <b>\$0</b>	
/s/ Jeff De		JEFF DERN, PRESIDENT		
,	tre of an officer or director	Printed or typed name and title		_
I hereby accept I further agree of my duties, ar document is her corporation ha	the appointment as registered agent of to comply with the provisions of all staid I am familiar with and accept the of ing filed merely to reflect a change in s been notified in writing of this chang	ind agree to act in this capacity, anites relative to the proper and complete, bligation of my position as registered agen the registered office address, I hereby conj te.	perform 1. Or, if ürm thai	ance this the
C T Corporation	1 System System Survey &	04/03/2024		
Sig	mature of Registered Agent	Date		_
It signing on be	chalf of an entity:			
SEAN L. EMER	UCK, ASSISTANT SECRETARY			
Т	yped or Printed Name			
	* * * FILING P	PEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

By: