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mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 11/13/2023 11:32 AM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Certificate of Assi (Domestic or Foreign				ASN	
Pursuant to the provisions of KRS following statement:	S 365, the undersigned applies	to assume a na	ame and, for that pur	pose, submits	the
1. The assumed name is: Cavco	Home Center				
2. The name of the business ent	tity (and in the case of general p	partnership, the	partners) that is/are	adopting the a	ssumed
name:					
Palm Harbor Villages, Inc.					
Name must be identical to the nan	ne on record with the Secretary	of State.)			
a Domestic Limited a Domestic Busine a Domestic Corpor a Domestic Limited a Domestic Statuto a Domestic Limited	d Liability Partnership d Partnership ess Trust ration d Liability Company	a Fo a Fo a Fo a Fo a Fo a Fo	preign General Partner preign Limited Liability preign Limited Partner preign Business Trust preign Corporation preign Limited Liability preign Statutory Trust preign Limited Cooper preign Unincorporated	y Partnership rship : y Company : rative Associat	
4. The business is organized and	d existing in the state or country	of Delaware			
5. The mailing address is:					
4965 Preston Park Blvd. #3	300	Plano	TX	75093	0
Street Address or Post Office Box	Numbers	City	State	Zip	
I declare under penalty of perjury	Steven K. Like	at the forgoing i	VP	11 / 9	/ 2023
Authorized Party Signature	Printed Name		Title	Date	