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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 FEB 25 P 2 15

**Amendment to Application for Registration**  
**FOREIGN Limited Liability Company**

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-52 the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: <b>000571421</b>	2. The name of the limited liability company is: <b>Masco Cabinetry LLC</b>
3. If the entity's name is changing, state the new name: <b>Cabnetworks Group Michigan, LLC</b> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
3a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is:	
4. If the period of duration has changed in the home state, complete the following section: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
5. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section:  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
6. If the mailing address is changing complete the following section:  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
7. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i>  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/> <span style="margin-left: 200px;">Check the box to indicate no change <input checked="" type="checkbox"/></span></div>	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2815  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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8. If the management structure has changed, complete the following section:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

- Its member(s) (If you have checked this box, skip to Section 9. **DO NOT** fill out the chart on the next page.)
- One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)

MANAGER	ADDRESS
Check the box to indicate no change <input type="checkbox"/>	

9. As required by RIGL 7-16-67, the limited liability company has paid all fees and taxes.

10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.

11. Date when this Amendment to the Application for Registration will be effective: **CHECK ONE BOX ONLY**

- Date received (Upon filing)
- Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Limited Liability Company	Date
<b>Masco Cabinetry LLC</b>	<b>02/25/2020</b>

Signature of Authorized Person	Anthony Dispenza, Attorney-in-Fact
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Limited Power of Attorney

The undersigned Officer of Masco Cabinetry, LLC, a Delaware entity ("the Company"), appoints Anthony Dispenza as attorney-in-fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Nicholas Nichols, Special Manager grants to the attorney-in-fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Corporate Creations, 801 US Highway 1, North Palm Beach, FL 33408.

The undersigned has executed this Limited Power of Attorney effective as of this 25<sup>th</sup> day of February, 2020.

**Masco Cabinetry, LLC**

By: \_\_\_\_\_

Name: Nicholas Nichols

Title: Special Manager

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Subscribed and sworn to before me this 25<sup>th</sup> day of February, 2020.

\_\_\_\_\_  
Notary Public

