Florida Department of State
Division of Corporations
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Division of Corporations

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Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

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Corporate Filing Menu

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4/16/2012

COVER LETTER

Name of Corporation F0100004377 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Crystal Temple Name of Contact Person InCorp Services, Inc. Firm/Company 2360 Corporate Circle · Suite 400 Address Henderson, NV 89074-7722 City/State and Zip Code Bddws C OS bt. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Crystal Temple on behalf of InCorp Services, inc. at (800) 246-2677	Division of Corporat	ions	
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MARINI LELITINE OUR DEMONS OF MICH. 100 PM BILL	For further information conce	ming this matter, please call:	
Name of Contact Person Area Code & Daytime Telephone N	Crystal Ternole on bel	valf of InCorp Services, Inc. *	(800) 246-2677
	Name of Conta	ict Person Ar	ea Code & Daytime Telephone Numb

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

. 1111]

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of	Delaware	
	the corporation: OneSource Building Technologies, Inc.		
2. The principal	office address: 8300 FM 1980 West, Sulte 100, Houston, TX 7	7070 US	
3. The mailing a	address (if different):		
4, Date of incom	poration/qualification: 08/17/2001 Document number:	F01000004377	
	d street address of the current registered agent and registered office on file withment of State: (If resigned, enter resigned)	rith the	
	NRAI SERVICES, INC.	_ <u> </u>	
	515 E. Park Avenue	APR	一節
	Tallahassee, FL 32301		STREET,
6. The name and (if changed);	street address of the new registered agent (if changed) and /or registered of	fic. 74 2:	TO
	InCorp Services, Inc.	_ 3	
	17888 67th Court North P.O. Box NOT acceptable	% <u></u>	
	Loxahatchee, FL 33470	_	
The street addre	ss of its registered office and the street address of the business office of i	its registered agent,	
Such change was	s authorized by resolution duly adopted by its board of directors or by an e board, or the corporation has been notified in writing of the change.	ı officer so	
	Bruce Davis, Pre	sident	
I hereby accept in Inther agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and conformition with and accept the obligation of my position as registere by filed merely to reflect a change in the registered office address, I here been notified in writing of this change.	nplete performance	
- Captal Sien	April 11, 2012	2	
If signing on beh			
Crystal Temp			
Ту _Т	ned or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8:05)