(Requestor's Name)						
(Address)						
(Ad	ldress)	·				
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	ocument Number)					
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						
	,					
Office Use Only						



400170881684

03/12/10--01010--015 **35.00



COVER LETTER

то:	Amendment Division of	t Section Corporations					
SUBJ	ECT:	EZE-ROUGH SY	STEM, INC.				
5550		Name of 0	Corporation				
DOC	UMENT NUN	MBER:PO	05000072617				
The en	nclosed Staten	nent of Change of Registered Offic	ce/Agent and fee are submit	ted for filing.			
Please	return all cor	respondence concerning this matte	er to the following:				
		VINCENT J. L	ONIGRO, ESQ.				
	_	Name of Co	ontact Person				
	LEVITON MANUFACTURING CO., INC.						
	•	Firm/C	Company				
	201 NORTH SERVICE ROAD						
	Address						
	MELVILLE, NY 11747						
	•	City/State a	and Zip Code				
		_	LEVITON.COM				
		E-mail address: (to be used for	future annual report notif	ication)			
For fu	irther informat	tion concerning this matter, please	call:				
	VINC	ENT J. LONIGRO, ESQ.	at (631)	812-6734 me Telephone Number			
	Nam	ne of Contact Person	Area Code & Dayti	me Telephone Number			
Enclo	sed is a \$35.00	0 check made payable to the Depa	rtment of State.				
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Se Division of Co Clifton Buildir	rporations			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

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

statement of char	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	of Florida
1. The name of the	ne corporation: EZE-ROU	JGH SYSTEM, IN	C.	
2. The principal	office address: 12400 SV	V 134TH COURT S	SUITE #1 MIAMI FL 33186-6	499 US
3. The mailing ac	ddress (if different):			
4. Date of incorp	oration/qualification:	05/18/2005	Document number:	P05000072617
	street address of the cur tment of State: (If resign		nt and registered office on fil	e with the
	GAREL, ARTHUR 270	S BAYSHORE D	RIVE #402 MIAMI FL 33133	US
				2010
6. The name and (if changed):		w registered agent	(if changed) and /or registere	STEENE IAN
	C T Corporation System			
	c/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable			
	Plantation, Florida 33324			
The street addre	ess of its registered office be identical.	ce and the street a	ddress of the business office	e of its registered agent,
Such change wa authorized by th	ns authorized by resolut ne board, or the corpora	ion duly adopted tion has been noti	by its board of directors or be fied in writing of the change	by an officer so
ıM	and Bank		MARK BAYDA	RIAN, CFO
-	re of an officer or director		Printed or typed name	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to reflet been notified in writin	istered agent and isions of all statu d accept the oblig ct a change in the g of this change.	agree to act in this capacity tes relative to the proper and tation of my position as regi registered office address, I	v. d complete performance stered agent. Or, if this hereby confirm that the
By: CT Corporation System MARCH 5, 2010			, 2010	
Sig	nature of Registered Agent)	Date	
	half of an entity: Debble Diaz Istant Secretary yped of Frinked Name			

* * * FILING FEE: \$35.00 * * *

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