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Division of Corporations Fax Number : (850)617-6380

### From:

Account Name: REGISTERED AGENTS INC.

Account Number: 12009000081 Phone: (307)200-2803 Fax Number: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email A	ddress:	
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# SECRETARY OF STATE TALLAHASSEE, FI

## 2020 IAN

## REGISTERED AGENT CHANGE ASSOCIATES ROOFING & CONSTRUCTION, INC.

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JAN 21 2020

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

statement of cl	hange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Status on organized under the laws of the State of South Co or registered agent, or both, in the State of Floria	หตุ เกล	_
1. The name o	f the corporation: Associates Rool	fing & Construction, Inc.		
		RD MURRELLS INLET, SC 29576		
3. The mailing	address (if different): PO BOX 198	86MURRELLS INLET, SC 29576		
4. Date of inco	orporation/qualification: 08/07/14	Document number: F1400000338	39	
	nd street address of the current reg artment of State: (If resigned, ente	gistered agent and registered office on file with the resigned)	e	
	DUNHAM, STEPHEN R	ဟ 	202	
	301 S CENTRAL AVE	<b>28</b>	2020 JAN 17	*** \$*\$ 1 1
	FLAGLER BEACH, FL 32136	AHA N N N N N N N N N N N N N N N N N N N	117	Prices A Services
6. The name a (if changed)		ered agent (if changed) and for registered office	AH 11: 09	
	Registered Agents Inc	D	9	
	7901 4th St N STE 300			
		), Box NOT acceptable		
	St. Petersburg FL 337	′02		
The street add as changed wi	ress of its registered office and the identical.	ne street address of the business office of its regi	istered age	int.
Such change vauthorized by	vas authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	er so	
Marion Ci	hin Mason	Marion Calvin Mason		
I hereby accept further agree performance agent. Or, if the hereby confirmation is the second to the	nute of infofficer or director  of the appointment as registered of  to comply with the provisions of  f my duties, and I am familiar with  his document is being filed merel  of that the corporation has been n	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as rely to reflect a change in the registered office addictified in writing of this change.	, egistered dress, I	
But	m	1/17/2020		
S	ignature of Registered Agent	Date	,	_
If signing on b	pehalf of an entity:			
Bill Havre		_		
	Typed or Printed Name			

\* \* \* FILING FEE: \$35,00 \* \* \*