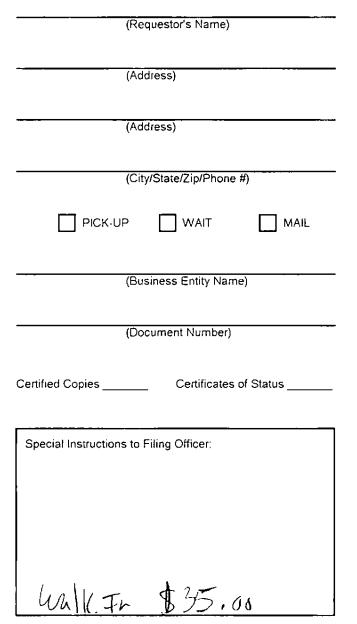
## 838/34



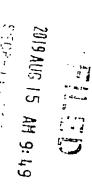
Office Use Only



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KIK TH





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/15/2019					
Name:	Joy Weaver	-				
Refere	nce #:1114688	_				
Entity Name: SHOOK & FLETCHER INSULATION, CO.						
	· ·					
	Articles of Incorporation/Authorization	to Transact Business				
	Amendment					
$\checkmark$	Change of Agent					
	Reinstatement					
	Conversion					
	Merger					
	Dissolution/Withdrawal					
	Fictitious Name					
	Other					
Author	ized Amount: <b>\$35.00</b>					
Signati	ure: Mlauy					

F: 800.944.6607

F: +852.2682.9790

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

statement of cha	nge is submitted for a c	07.0502, 617.0502, 607.1 orporation organized und d office or registered age	ler the laws of the :	State of Delay		
1. The name of t	he corporation:	SHOOK & FLE	TCHER INS	ULATION,	CO.	
	office address: No Ch	nange				
3. The mailing a	ddress (if different):				_	
4. Date of incorp	poration/qualification:	March 31, 1977 <sub>Do</sub>	ocument number: _	8381	34	•
5. The name and Florida Depar	street address of the cu tment of State: (If resign	rrent registered agent and ned, enter resigned)	registered office o	on file with the		
	СТ	Corporation Sy	stem			
	1200 \$	South Pine Islan	d Road		2019 AUG	CE 313
	Pla	ntation, FL 33	3324			ا مەسىرىيەر ئاسىيەر د
6. The name and street address of the new registered agent (if changed) and /or registered (if changed): COGENCY GLOBAL INC.			etered office	5 AM 9: 49		
		· · · · · · · · · · · · · · · · · · ·			19	
	Tallahassee,	P.O. Box NOT acceptable FL 32301	<del></del>			
The street address changed will be	ss of its registered offic be identical.	e and the street address (	of the business off	ice of its register	ed agent	
<del>-</del>		on duly adopted by its bo				
/s/ David Killion			avid Killion	Assistant Sec	retary	
I haraby account t	tof an officer or director the appointment as region to comply with the proving the angle of the proving the composition of the corporation has	istered agent and agree to sions of all statutes relat siliar with and accept the d merely to reflect a cha s been notified in writing	Printed or typed nate of the proper in the register of this change.		ered ;, I	
/s/ Tim Mayvi			August 14,	2019		
Signa	ature of Registered Agent		Date	<del></del>		
If signing on beh	alf of an entity:					

## Tim Mayville, Assistant Secretary

Typed or Printed Name

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