F01000005898

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. (Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088 May 5, 2017 Michelle Walker C018888 Reference #:____ Entity Name: DESCO PROFESSIONAL BUILDERS, INC. Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitous Name Other Please include a copy of cover letter with returned evidence. Thanks! Per Michelle Please note: If authorized amount is incorrect, **Authorized Amount** please call Michelle at 518-213-0737.

+1.212.947.7200

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

1. The name of	the corporation: DESCO	PROFESSIONAL B	UILDERS,	<u>INC.</u>
2. The princips	l office address:			
	290 Somers Rd.	Ellington	СТ	0602
3. The mailing	address (if different):			
	290 Somers Rd.	Ellington	CT_	0602
4. Date of inco	poration/qualification: November	14, 2001 Document number:	F0100000)5898
	d street address of the current register rtment of State: (If resigned, enter res		i file with the	
		S STREET	—— Ā.o	· 2 2
	TALLAHASS	EE, FL 32301	- SECRI	=
6. The name and (if changed):	Cogency Global Inc.	agent (if changed) and /or registe	ASSEC. FLE	-5 A€ 9:
	115 North Calhoun St		RECEIVED	0
	Tallahassee, FL 323	NOT acceptable		
The street address changed will	ess of its registered office and the str be identical.	eet address of the business offic	e of its registered	i agent,
Such change we authorized by the	s authorized by resolution duly ador the corporation has been	pted by its board of directors or l notified in writing of the chang	by an officer so	
Sigglatu	Of an other or director	Zobert Anderse	Pres voc.	<u>~</u>
hereby accept further agree i performance of igent. Or, if jhi pereby confirm	the appointment as registered agent o comply with the provisions of all s my duties, and I am familiar with an s document is being filed merely to t that the copporation has been notifie	and agree to act in this capacity talules relative to the proper an ad accept the obligation of my po reflect a change in the registered ad in writing of this change.	y. d complete osition as register d office address, .	red I
1 -	c/l_{-}	-/-/		

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

Typed or Printed Name