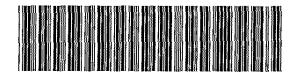
F03000001895

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	⇒ #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special instructions to Filing Officer:				
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PAT ALIASSEE, FLORIDA

RO Chs.

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI	ECT: Hamlin Roofing Company, Inc. (Name of Corporation)				
DOCU	MENT NUMBER: F03000001895				
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Kevin S Trim (Name of Contact Person)				
Professional Licensure Services Inc. (Firm/Company)					
2104 Delta Way, Suite One (Address)					
Tallahassee, FL 32303					
(City/State and Zip Code)					
For fur	ther information concerning this matter, please call:				
Kevin	S. Trim at (850) 514-2194 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclose	ed is a \$35.00 check made payable to the Department of State.				
	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)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1 ange is submitted for a corporation organized und er to change its registered office or registered age	der the laws of the State of <u>No</u>	rth Carolina	
1. The name of t	the corporation: Hamlin Roofing Company, Inc.	·		
	office address: 1411 West Garner Road, Garner	r, NC 27529		
3. The mailing a	address (if different): P.O. Box 465, Gamer, NC	: 27529		
4. Date of incorp	poration/qualification: 04/15/2003 D	ocument number: F03000001	895	
	d street address of the current registered agent and rtment of State:	d registered office on file with the	he	
	Kevin Trim			
	4724 Flowerwood Drive			
	Tallahassee, FL 32303		<u> </u>	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Kevin Trim		开。 里口	
	2104 Delta Way, Suite 1		100	
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32303			
The street addre	ess of its registered office and the street address I be identical.	of the business office of its re	egistered agent,	
	as authorized by resolution duly adopted by its he board, or the corporation has been notified in			
(Signatu	ure of an officer or director)	(Printed or typed name and title)		
I further agree t of my duties, an document is bei	t the appointment as registered agent and agree to comply with the provisions of all statutes rel nd I am familiar with and accept the obligation ing filed merely to reflect a change in the regist s been notified in writing of this change.	to act in this capacity. ative to the proper and complo of my position as registered a tered office address, I hereby o	cte performance gent. Or, if this confirm that the	
0	Augi	ust 31, 2007		
(518	gnature of Registered Agent)	(Date)	-	
If signing on be	ehalf of an entity:			
(T	Typed or Printed Name) * * * FILING FEE: \$35	5,00 * * *		

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