**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			
	Division of Co		- 1
	Fax Number	: (850)617-6380	100 100
From:			7
	Account Name	: REGISTERED AGENTS INC.	
	Account Number	: 120090000081	
	Phone	: (307)200-2803	<u>.</u> ⊄
	Fax Number	: (855)330-1010	1564 E
			1 - 1
	!1		ے کہ⊡ا۔ ماستعدد
		<ul> <li>this business entity to be used for Enter only one email address please</li> </ul>	

## REGISTERED AGENT CHANGE ALLSTATE CONSTRUCTION ROOFING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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MAR 1 7 2021

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $$\ensuremath{\wp}$$

statement of change is submitted for	ns 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this a corporation organized under the laws of the State of Delivate stered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: ALL	STATE CONSTRUCTION ROOFING, INC.	
2. The principal office address: 790	1 4th St N STE 300 St. Petersburg, FL US 33702	
3. The mailing address (if different)	7901 4th St N STE 300 St. Petersburg, FL US 33702	
4. Date of incorporation/qualification	On: 09/28/04 Document number: F04000005560	
5. The name and street address of the Florida Department of State: (If r	ne current registered agent and registered office on file with the resigned, enter resigned)	
NRAI SERVICES,	INC	
1200 South Pir	ne Island Road	
Plantation, FL 333		
6. The name and street address of the (if changed):	ne new registered agent (if changed) and /or registered office	
Northwest Re	egistered Agent LLC	
7901 4th St N S		
St. Petersbu	rg FL 33702	
The street address of its registered as changed will be identical.	office and the street address of the business office of its registered agent, solution duly adopted by its board of directors or by an officer so	7
WLEPH MANNING	JOSEPH MANNINO, V	
I further agree to comply with the performance of my duties, and I are agent. Or, if this document is being	Printed or typed name and title  s registered agent and agree to act in this capacity.  provisions of all statutes relative to the proper and complete  in familiar with and accept the obligation of my position as registered  ag filed merely to reflect a change in the registered office address, I  on has been notified in writing of this change.	
on Glove	03/16/2021	
Signature of Registered Agen	Date Date	
If signing on behalf of an entity:		
Tom Glover Typed or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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