F04000007221

(Re	equestor's Name)	-
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
Opcolar matractions to	r iing Onleer.	
		1

Ŷ

Office Use Only



200113222432

12/21/07--01010--006 **35.00

C. Couldens DEC 2 6 2007

December 17, 2007

VIA US REGULAR MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Crawford Roofing, Inc.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee; and
- 3. A self-address, stamped envelope.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned in the enclosed envelope provided for your convenience.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.
515 Congress Ave, Ste 2300
Austis, St. 78701

Sarah Maxwell

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute inge is submitted for a corporation organized under the laws of the State of Oklah er to change its registered office or registered agent, or both, in the State of Florida	oma
1. The name of	the corporation: Crawford Roofing, Inc.	
2. The principal	office address: 701 Pikes Peak Road	
	Chickasha OK 73018	
3. The mailing a	ddress (if different):	
4. Date of incor	poration/qualification: 12/22/2004 Document number: F0400000722	1
	d street address of the current registered agent and registered office on file with the truent of State:	
	C T Corporation System	
	1200 South Pine Island Road	97 (SEC
	Plantation FL 33324	DEC 21 CRETARY LAHASSE
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	DEC 21 AM 9: 3 RETARY OF STAT AHASSEE, FLORE
	Registered Agent Solutions, Inc.	ATE ATE
	155 Office Plaza Dr. Suite A	L.s
	(P.O. Box NOT acceptable) Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street address of the business office of its regis be identical.	stered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an office ne board, or the corporation has been notified in writing of the change.	er so
	Tim Crowford, (Printed or typed name and title)	Pres.
I hereby accept I further agree of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete d I am familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address, I hereby consteen notified in writing of this change.	performance nt. Or, if this nfirm that the
	gnature of Registered Agent) 12/17/07 (Date)	
If signing on be	shalf of an entity:	
	Typed or Printed Name)	

APPROVEO AND

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