1050000637

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							



000187746870

11/16/10--01003--007 **35.00





Office Use Only

11/11/0

COVER LETTER

TO:	Amendment Section Division of Corporation	as							
SUBJI	ЕСТ:	Royal Roofing Name of C	South,	Inc.					
DOC	JMENT NUMBER:	F05	00000	6537					
The en	closed Statement of Char	nge of Registered Offic	e/Agent	and fee are s	ubmitted for filing.				
Please	return all correspondence	e concerning this matte	r to the fo	ollowing:					
		Dan Name of Co	Davis ontact Per	son					
Royal Roofing Co., Inc. Firm/Company									
		2445 Bro		ad					
	Address								
Orion, MI 48359 City/State and Zip Code									
	F-mail add	kcarrier@roya ress: (to be used for f	l-roofing	J.com	notification)				
	D man add	ioss. (to be asea for f	aturo un	naur report	nonneanony				
For fu	ther information concern	ing this matter, please	call:						
	Karen Ca	rrier	at (248	276-7663				
	Name of Contac	Person	A	rea Code & I	Daytime Telephone Number				
Enclos	ed is a \$35.00 check mad	e payable to the Depar	tment of	State.					
	Amend Division P.O. B	ment Section on of Corporations ox 6327 assee, FL 32314	, · · · ·	Clifton Bu 2661 Exec	ent Section of Corporations				

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

statement of cha	orovisions of sections 60/. nge is submitted for a corp r to change its registered o	poration organized	l under the laws of the Sta	ate of Michigan			
	he corporation: Royal F						
2. The principal	office address: 2445 Bro	own Road, Orio	on, MI 48359				
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification:	11/10/2005	Document number:	F05000006537			
	street address of the curre tment of State: (If resigned		and registered office on	file with the			
	Daran Armstrong						
	6712 NW 10th Aven	ue					
	Fort Lauderdale, FL 33309						
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Freddie Shoemaker							
	6714 NW 20th Aven	IIA		19 29 10			
	P.O. Box NOT acceptable						
	Fort Lauderdale, FL	33309		Sept Con			
	ess of its registered office be identical.						
Such change wa authorized by the	is authorized by resolutione board, or the corporation	n duly adopted by on has been notifi	its board of directors or ed in writing of the chan	· by an officer so ge.			
Signatur	e of an officer or director		Dan Davis, Printed or typed na	President me and title			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regist to comply with the provist d I am familiar with and ng filed merely to reflect been notified in writing	tered agent and a jons of all statutes accept the obligat a change in the re of this change.	gree to act in this capac relative to the proper a tion of my position as re gistered office address,	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the			
Tre	ph Soc	make_	11/12/	2010			
•	nature of Registered Agent		Date				
J	half of an entity:						
	eddie Shoemaker yped or Printed Name						
	* *	* FILING FEE:	\$35.00 * * *				

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