Fosooog L577

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



800279400328

12/17/15--01024--003 **25.00



DEC 17 2015 15 17 2015

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Royal Roofing South Inc.

Name of Corporation

DOCUMENT NUMBER

F05000006537

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORDAN TYLER

Name of Contact Person

LEGALINC CORPORATE SERVICES INC.

Firm/Company

1623 CENTRAL AVE, SUITE 145

Address

CHEYENNE, WY 82001

City/State and Zip Code

JORDAN@LEGALINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORDAN TYLER

.,970

581-6156

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed 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

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

| statement of cha | provisions of sections 607.0502, 617.0 nge is submitted for a corporation org r to change its registered office or regi | anized under the laws of the State o | f FLORIE | DA | _ |
|--|---|--|----------------------|-------------------|------------------|
| 1. The name of t | he corporation: Royal Roofing | South Inc. | | | |
| | office address: 2445 BROWN MI 48359 | ROAD | | | |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | poration/qualification: 11/10/200 | 5 Document number: F050 | 00000 | 3537 | 7 |
| | street address of the current registered tment of State: (If resigned, enter resigned) | | with the | | |
| | USA-RA LLC | | _ | | |
| | 841 PRUDENTIAL DRIV | E, 12TH FLOOR | | ھت. | |
| | JACKSONVILLE, FL 322 | 207 | ECRE | 5 DEC | .1 10 |
| 6. The name and (if changed): | I street address of the new registered ag | gent (if changed) and /or registered of | HARRY YESTI | 17 | Service Services |
| | LEGALINC CORPORAT | E SERVICES INC. | 73.5 73.5 8.30 | PH t: | |
| 5237 Summerlin Commons Suite 400 | | | ORIDA - DE | :02 | ™ au≠° |
| | Fort Myers FL 33907 | · | _ | | |
| The street addre | ess of its registered office and the stree be identical. | et address of the business office of | its regist | ered a | gent, |
| Such Change wa authorized by th | s authorized by resolution duly adopt the board, or the corporation has been r | ed by its board of directors or by a notified in writing of the change. | n officer | so | |
| | re of an office or director | KAREN CARRIER Printed or typed name and | titlo | | |
| I hereby accept I further agreet performance of agent. Or lif thi | the appointment as registered agent of comply with the provisions of all stomy duties, and I am familiar with and is document is being filed merely to rethat the corporation has been notified | and agree to act in this capacity, atutes relative to the proper and co I accept the obligation of my positic effect a change in the registered off | omplete on as rev | istered ess, I | i |
| | | 10/20/2015 | | | |
| | half of an antitu | Date | | | |
| JORDAN 7 | half of an entity: | | | | |
| | /ped or Printed Name | | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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