F0600000355Y

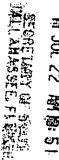
(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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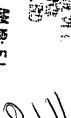




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07/22/11--01017--001 **35.00







COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Bennett and Brosseau Roofing, Inc.					
Name of Corporation					
DOCUMENT NUMBER: F06000002554					
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:					
Susan Brosseau Lee					
Name of Contact Person					
Bennett & Brosseau Roofing, Inc.					
Firm/Company 1015 N Lott Blvd					
Address					
Gibson City, IL 60936					
City/State and Zip Code					
susan_b@bennettandbrosseau.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Susan Brosseau Lee at					
Name of Contact Person Area Code & Daytime Telephone Number 217-784-4393					
Enclosed is a \$35.00 check made payable to the Department of State.					

Street Address: Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:
Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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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 inge is submitted for a corporation organized una er to change its registered office or registered age	ler the laws of the State of	f Illinois
1. The name of t	the corporation: Bennett and Brosseau	Roofing, Inc.	
	office address: 1015 N Lott Blvd, Gibson C		
	· · · · · · · · · · · · · · · · · · ·		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/25/2006 Do	ocument number:	F06000002554
	d street address of the current registered agent and thent of State: (If resigned, enter resigned)	registered office on file v	with the
	Nrai Services, Inc.		_ _ _
	515 E. Park Avenue		
	Tallahassee El 32301		
6. The name and (if changed):	d street address of the new registered agent (if cha	nged) and /or registered o	1 T
	InCorp Services, Inc.		
	17888 67th Court North	•	
	P.O. Box NOT acceptable Loxahatchee, FL 33470	e	
The street addre	ess of its registered office and the street address be identical.	of the business office of	its registered agent,
Such change wa authorized by th	ns authorized by resolution duly adopted by its le board, or the corporation has been notified in	poard of directors or by a writing of the change.	an officer so
Signatur Signatur	re of an officer or director	WSO SSG	eau Lee
I hereby adcept I further deree to of my duties, an document is bel corporation has	the appointment as registered agent and agree to comply with the provisions of all statutes relo d ram familiar with and accept the obligation of hig filed merely to reflect a change in the registe Deen notified in writing of this change.	to act in this capacity. itive to the proper and co of my position as registe ered office address, I her	omplete performance red agent. Or, if this reby confirm that the
/ but	-12000E1	July 12, 201	11
/ 1	that from an entity:	Date	
7	ensen on behalf of InCorp Services, Inc.		
T	yped 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 * * *