## F06000006627

(Requ	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800288385408

08/09/16--01027--012 \*\*35.00







CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: CSC/PH - FL TAL \*

From: Alex Mcdow alex.mcdow@cscglobal.com

Date: August 5, 2016

Order#: 238075-010

Re: WEST ROOFING SYSTEMS-GEORGIA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX \_\_ Please return evidence to the following:

Attn: Alex Mcdow

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	ange is submitted for a corpo	1502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this oration organized under the laws of the State of GA files or registered agent, or both, in the State of Florida.	
	the corporation: West Roofin	- •	
2. The principal	office address: 530 Bonifac	fous Rd, Tunnel Hill, GA 30755	
3. The mailing a	address (if different): PO Bo	x 655, Lagrange, OH 44050	
4. Date of incorp	poration/qualification: 10/19	9/2006 Document number: F06000006627	
	d street address of the curren rtment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation,	FL 33324	
6. The name and (if changed):	d street address of the new re	gistered agent (if changed) and /or registered office	
	Corporation Service Comp	any	
	1201 Hays Street		
	Tallahassee	P.O. Box NOT acceptable  FL. 32301	
The street addre	ess of its registered office ar	ad the street address of the business office of its registered agent,	
as changed will	be identical.		
authorized by th	is authorized by resolution of the board, or the corporation	luly adopted by its board of directors or by an officer so has been notified in writing of the change.	
Buan Chavalia, Secretary			
Signatu	fe of an officer or director	Printed or typed name and title	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm  Corporatio	the appointment as register to comply with the provision my duties, and I am familia is document is being filed mather the corporation has been Service Company	ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete r with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I en notified in writing of this change.	
By: X) ng	c. Tokuble	08/05/2016	
	half of an entity:	Date	
Grace E. Kirby,	Assistant Vice President		
Tv	med or Printed Name		

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