

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949

Fax Number

: (954)208-0845

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## REGISTERED AGENT CHANGE WEST ROOFING SYSTEMS-GEORGIA, INC.

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**COVER LETTER** 

Amendment Section Division of Corporations TO: WEST ROOFING SYSTEMS - GEORGIA, INC. SUBJECT: Name of Corporation F06000006627 DOCUMENT NUMBER: 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: CT Name of Contact Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address:

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

CR2E045 (03/12)

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

statement of ch	ange is submitted for a corporation organ	12, 607,1508, or 617,1508, Florida Statutes, this nized under the laws of the State of <mark>Georgia</mark> ered agent, or both, in the State of Florida.	
	the corporation: WEST ROOFING SYSTE		
2. The principa	l office address: 121 Commerce Dr. PO Box	. 505 LaGrange, OH 44050	_
3. The mailing	address (if different): PO BOX 655 LAGRA	ANGE, OH 44050	<u>-</u>
4. Date of incor	rporation/qualification: 10/19/2006	Document number: F06000006627	_
	nd street address of the current registered a artment of State: (If resigned, enter resigne		
	CORPORATION SERVICE COMPANY	7	
1201 HAYS STREET TALLAHASSEE, FL 32301		1. 32301 P	7
		O A	
6. The name an (if changed):	nd street address of the new registered agen	• •	
	C T Corporation System		
	c/o C T Corporation System, 1200 South P	ine Island Road	
	P.O.Box NOT	acceptable	
	Plantation, Florida 33324		
The street addr	ress of its registered office and the street lbe identical.	address of the business office of its registered agent,	
Such change w authorized by t	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
	Shini	Sierra Burris, Authorized Person	
I hereby accept further agree performance of agent. Or, if the hereby confirm	t the appointment as registered agent and to comply with the provisions of all state f my duties, and I am familiar with and a to that the compraint has been notified in the compraint has been notified in	i timed of typed name and date	
By: ap CIC	rpuntian System	9/20/2017	
Si	gnature of Registered Agent	Date	
If signing on b	chalf of an entity;		
	ler, Ast. Secretary		
•	Typed or Printed Name	D 000 00 1 1 1	
	* * * FILING FE	r: 555.00 * * *	