Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

REGISTERED AGENT CHANGE ACUITY SPECIALTY PRODUCTS, INC.

Certificate of Status	0
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Page Count	01
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AUG - 8 2018

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ACUITY SPECIALTY PRODUCTS, INC.

Name of Corporation

DOCUMENT NUMBER

F07000005707

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:

Amy Gaines

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Amy Gaines

,000

705-7274

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. inge is submitted for a corp r to change its registered o	oration orga	mize <mark>d under the la</mark> w	s of the State of	GEORG		
	the corporation: ACUIT	_	_	_			
1. The name of	office address: 3330 CU	MRERIA	ND BLVD SHIT	F 700	1110.	 -	
2. The principal ATLAN		GA	30339	L 700			
		<u> </u>					
3. The mailing a	ddress (if different):			<u> </u>			
4. Date of incorp	poration/qualification: 11	/19/200	7Document n	umber: F070	00005	707	
	I street address of the curre rtment of State: (If resigned			d office on file w	ith the		
	Corporation Se	rvice Co	mpany				
	1201 HAYS ST	REET			SES 33S	2018	
	TALLAHASSEE	E, FL 32	301-2525		RETA	2018 AUG - 7	7
6. The name and street address of the new registered agent (if changed) and /or registe (if changed):					SE		
	Registered Agent	Solutions,	Inc.		STA	AM 10: 32	
	155 Office Plaza D	r., Suite	4		· ===	32	
	Tallahassee, FL 32	P.O. Box NO 2301	T sceeptable	n			
The street address changed will	ess of its registered office be identical.	and the stree	t address of the bus	iness office of it	s registere	d agent	-
Such change wa authorized by the	as authorized by resolution he board, or the corporation	n duly adopte n has been n	ed by its board of di otified in writing of	rectors or by an the change.	officer so		
S Report Nove			Robert D.	NOVO or typed name and life	Secretary		
I further agree performance of agent. Or, if th	the appointment as regist to comply with the provisi my duties, and I am famil is document is being filed that the corporation has l	ons of all sta iar with and merely to re	tutes relative to the accept the obligation flect a change in the	e proper and con on of my position or registered office	n as registe	red I	
	yr _		08/07/2018				
	nature of Registered Agent chall of an entity:			Date			
	nell - Assistant Sec	retary					
T	yped or Printed Name						