

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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RECEIVED
15 FEB 25 PM 12: 00
WASHED SPECIFICATIONS
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REGISTERED AGENT CHANGE COMMERCIAL ROOFING SPECIALTIES, INC.

Certificate of Status	0
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Corporate Filing Menu

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FEB 2 6 2015 T. CARTER

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Georgia		
	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Commercial Roofing Specialties, Inc.		
• •	office address:ee Square, Doraville, GA 30360		
	nddress (ii'different):		
4. Date of incor	poration/qualification: 03/02/2010 Document number: F10000001088		
	d street address of the current registered agent and registered office on file with the atment of State: (If resigned, enter resigned)		
	Charles M. Britton		
	3409 W. Palmina Avenue		
	Tampa, FL 33629		=
6. The name an (if changed):	d street address of the new registered agent (if changed) and for registered office	IS FEB	ALLARA
	C T Corporation System	25	シング
	c/o C T Corporation System, 1200 South Pine Island Road	A	1.1
	P.O. flox MFF receptable Plantation, Plorida 33324	9:3	FLORIU
The street addr	ress of its registered office and the street address of the business office of its registered agent, I be identical.	ယ	ÜΑ
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.		
	This we will be the state of th		
I hereby accept I further agree performance of agent. Or, if the hereby confirm	of the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete I my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I without the corporation has been notified in writing of this change.		
CTCo By: √	rporation System Za 02/25/2015		
	gnoture of Registered Again		
If signing on b	ehalf of an emity:		
	ell Kearney		
_ 1	Typod or Printed Naive		
	* * * FILING FRE: \$35.00 * * *		
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE		

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

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