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Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000950113)))



Ht 70000950113ABCY

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*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 WEST ROOFING SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

CETVED -6 PM 2: 18

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APR -7 2017 C MCNAIR

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	WEST ROOFING SYSTEMS, INC.
	Name of Corporation
DOC	JMENT NUMBER:
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	•
	Name of Contact Person
	Firm/Company
	Address
	Aumess
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	at ( )
	Name of Contact Person at (
Enclos	sed 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

CR2E045 (03/12)

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

statement of ch	hange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Fl oration organized under the laws of the Sta Nee or registered agent, or both, in the Sta	ate of Ohio	
	f the corporation: WEST ROO		не ој Рижии.	
	al office address: no change			_
3. The mailing	address (if different): no chan	ge		_
4. Date of inco	orporation/qualification: 12/1/	2010 Document number: F1	0000005242	<u> </u>
	nd street address of the curren artment of State: (If resigned,	nt registered agent and registered office on enter resigned)	file with the	
	CORPORATION SERVICE	COMPANY		
	1201 HAYS STREET TALI	LAIIASSEE, FL 32301		
6. The name a (if changed)		egistered agent (if changed) and /or registe	17 APR -6	ZÍ4
	C T Corporation System			
c/o C T Corporation System, 1200 South Pine Island Road		REGRATION AT		
	Plantation, Florida 33324	P.O. Box NOT acceptable	<b>F: 53</b>	2
•		nd the street address of the business offic		
Such change vauthorized by	vas authorized by resolution of the board, or the corporation	duly adopted by its board of directors or has been notified in writing of the chang	by an officer so ge.	
Gar	nila Woods	Jamila Woods Vice President	t	
	iture of an officer or director	Printed or typed nam		
I further agree performance of agent. Or, if t	e to comply with the provision of my duties, and I am familia his document is being filed m	red agent and agree to act in this capaci ns of all statutes relative to the proper ar ir with and accept the obligation of my po nerely to reflect a change in the registere sen notified in writing of this change.	id complete oxition as registered	
ву:	bysoration System	4/6/2017		
	ignature of Registered Agent Alfr	ed Younan		V
lf signing on t	ochalf of an entit Assista	ant Secretary		
	Typed or Printed Name	<del></del>		
•	***	FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO; DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314