Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H19000176110 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone

(702)866-2500

Fax Number

(702)866-2689

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

JUN 0-4-2019

REGISTERED AGENT CHANGE VALE ROOFING COMPANY, INC.

Certificate of Status	0
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Help

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H190001761103

COVER LETTER

Division of Con		
SUBJECT:	VALE ROOFING COM	PANY, INC
	Name of Corp	poration
DOCUMENT NUMBE	ER:F1500	0005535
The enclosed Statement	of Change of Registered Office//	Agent and fee are submitted for filing.
Please return all corresp	ondence concerning this matter to	o the following:
	Lorie Cui	
	Name of Conta	ct Person
	InCorp Servi	ces, Inc.
	Firm/Com	pany
	3773 Howard Hughes I	Pkwv. Suite 500S
-	Addres	
	Las Vegas, NV 8	39169-6014
	City/State and	
	documents@in	corpi com
E-n	pail address: (to be used for fut	
For further information	concerning this matter, please ca	N1:
Lorie Cuni on Name o	behalf of InCorp Services, Inc. f Contact Person	at (800) 246-2677 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Departm	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building
	rananassee, CD 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

#190001761103

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

statement of change is submitte	ed for a corporation organi	2, 607.1508, or 617.1508, Florido ized under the laws of the State o	f Ohio	
in order to change its		red agent, or both, in the State of	f Florida.	
1. The name of the corporation				_
2. The principal office address:	265 West Prospect Stre	eet		
	Painesville, OH 44077	·		
3. The mailing address (if diffe	rent):			
4. Date of incorporation/qualifi	ication; 12/14/2015	Document number:	F15000005	535
5. The name and street address Florida Department of State:		gent and registered office on file d)	with the	
·	Smith, Dou	glas J		
	1439 NE High	way 349	20 	
	Old Town, FL	32680	17.7T 17.7T 17.7T 17.7T	~~~~
6. The name and street address (if changed):	of the new registered agen	nt (if changed) and /or registered	office L	:
	InCorp Service	ces, Inc.		0 0 0
	17888 67th Co	ourt North		
	P.O. Box NOT	acceptable	38 -∵	
·	Loxahatchee, I	FL 33470	_	
as changed will be identical.		address of the business office of		agent,
such change was authorized by authorized by the board, or the	y resolution duly adopted corporation has been not	by its board of directors or by a lifted in writing of the change.	ın officer so	
Stanature(of an officer or d	are lirector	Terry Vale, President	·	<u>_</u>
• (1		d agree to act in this capacity, and agree to act in this capacity and concept the obligation of my positic ta change in the registered of a writing of this change.		ed
() May 24, 2019		9		
Signature of Registered		Detc		
Lorie Cuni on behalf of InC	orp Services, Inc.			
Typed or Printed Nam	·			

* * * FILING FEE; \$35.00 * * *

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