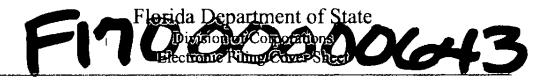
**Division of Corporations** 



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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

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## REGISTERED AGENT CHANGE ONE ROOF SYSTEMS, INC.

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FEB 05 2020

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation orga r to change its registered office or regis.	nized under the laws of the State of	Delaware	<u></u>
1 The name of t	he corporation: One Roof Systems, Inc.	,		
	office address: no change			
3. The mailing a	ddress (if different): no change			
4. Date of incorp	poration/qualification: 02/09/2017	Document number: F1700000	00643	
	street address of the current registered tment of State: (If resigned, enter resign		ith the	
	CAPITOL CORPORATE SERVICES, IN	C.		
	515 EAST PARK AVENUE 2ND FL TA	LLAIIASSEE, FL 32301	SECI	2020
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or registered of:	CELAPS OF S	2020 FEB -4 AM 10: 36
	c/o C T Corporation System, 1200 South I	Pine Island Road	FL	): 3 <b>6</b>
	P.O. Box NO		រុក	0.
	Plantation, Florida 33324			
-	ss of its registered office and the street be identical. s authorized by resolution duly adopted to board, or the corporation has been no			agent,
	4.4			
Liter	auce Hanry	Stephanic Hencz , Vice President Printed or typed name and titl	<u>.</u>	
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agent at o comply with the provisions of all stat my duties, and I am familiar with and c s document is being filed merely to ref that the corporation has been notified	nd agree to act in this capacity. tutes relative to the proper and com accept the obligation of my position lect a change in the registered offic	nlete	-ed I
By: C T Gor	poration System	2/4/2020		
SI	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
· · · · · · · · · · · · · · · · · · ·	Alfred Younan			
1)	* * * FILING FE	<b>y</b> EE: \$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)