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(((H22000238018 3)))



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	To:		
		Division of Corporations	
		Fax Number : (850)617-6380	
	From:		2
		Account Name : REGISTERED AGENT SOLUTIONS INC	2022 JUL 13
		Account Number : I20100000062	
		Phone : (888)705-7274 (⊊
		Fax Number : (888)706-7274	<u>'</u> _
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			~
	**Enter	the email address for this business entity to be used for future:	Ari iu: Ju
~	ani	nnual report mailings. Enter only one email address please.** 🖽 🕜	7
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COVER LETTER

TO: Amendment Section Division of Corporations Palmetto State Roofing & Sheet Metal Company, Inc. Name of Corporation F20000000442 DOCUMENT NUMBER: 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: Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Castillo

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Name of Contact Person

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 613 inge is submitted for a corporation or r to change its registered office or r	organized under the la	ws of the State of	South Carolin	<u>1a</u>
1. The name of t	the corporation: Palmetto State office address: 5517 OLD BUN	Roofing & Shee	_		<u> </u>
3. The mailing a	ddress (if different): P.O. BOX				
4. Date of incorp	poration/qualification: 1/10/2020	Document	number: F2000	10000442	
	I street address of the current registe tment of State: (If resigned, enter re		ed office on file w	vith the	
	LICENSE EXAM SEF	RVICES			
	4713 WEBBER ST				
	SARASOTA	FL	34232	- - s 20	
6. The name and street address of the new registered agent (if changed) and/or registered office of (if changed):					
	Registered Agent Solu	utions, Inc.		2022 JUL 13 SECRETARY TOBLAHAS	[_
	155 Office Plaza Dr.	Suite A		SEE SEE	Ę
	Tallahassee	FL 3230	1	AM 10: 30 OF STATE SEE, FI	
_	ess of its registered office and the s be identical.				gent,
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	opted by its board of en notified in writing	directors or by ar of the change.	officer so	
Is/ Robert Ja	ohnson re of an officer of director	Robert John	ISON	President	
l further agree i of my duties, an document is bei	the appointment as registered age to comply with the provisions of al- d I am familiar with and accept th- ng filed merely to reflect a change s been notified in writing of this cha	l statutes relative to ti e obligation of mv pos in the registered offic	he proper and coi sition as revisiere	mplete perform ed agent. Or, i by confirm that	ance (this t the
Hockey	zidt	07/13/202	2		
Sig	nuture of Registered Agent	•	Date		_
If signing on be	half of an entity:				
Mackenzie Hart,	Assistant Secretary				
T	yped or Printed Name	O PEP 45500 4 4 4			
	* * * FILIN(G FEE: \$35.00 * * *			