F96000003694

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------------------------------|
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| (Ad | ldress) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (50 | Sinooo Emily Hai | ,,,, |
| (Do | cument Number) | |
| · | • | |
| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 3, 2017

Order#: 625479-006

Re: INSULATING SERVICES, INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

SECRETARY OF STATE OF

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

| statement of ch | : ange is submitted for a corpord | 22, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cation organized under the laws of the State of North Carolinice or registered agent, or both, in the State of Florida. | a |
|--|---|---|---------|
| 1 The name of | the corporation: INSULATING | S SERVICES, INC. | |
| 2. The principa | l office address: 10709 Granite | e Street, Suite H, Charlotte, NC 28273 | |
| 3. The mailing | address (if different): PO Box | 410722, Charlotte, NC 28241 | |
| 4. Date of incor | poration/qualification: 07/22/ | Document number: F96000003694 | |
| | d street address of the current r artment of State: (If resigned, er | registered agent and registered office on file with the inter resigned) | |
| | C T Corporation System | | |
| | 1200 South Pine Island Road | đ | |
| | Plantation, FL 33324 | | |
| 6. The name an (if changed): | d street address of the new regi | istered agent (if changed) and /or registered office | 7 34 |
| | Corporation Service Compar | ny | ٠ نا |
| | 1201 Hays Street | | PH |
| | Tallahassee | P.O. Box NOT acceptable FL 32301 | |
| as changed will | ess of its registered office and l be identical. | the street address of the business office of its registered ag | ent, |
| Such change wauthorized by t | as authorized by resolution du he board, or the corporation ha | ally adopted by its board of directors or by an officer so as been notified in writing of the change. | |
| Marle E - | ure of an officer or director | Charles F. Mckissick Pres | _ |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | | d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I notified in writing of this change. | |
| <u>Ву: </u> | om Ley | 05/02/2017 Date | _ |
| | gnature of Registered Agent chalf of an entity: | Date | |
| | , Asst. Vice President | | |
| · · · · · · · · · · · · · · · · · · · | yped or Printed Name | | |
| | * * * FI | LING 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)