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To:

Division of Corporations

Fax Number

15129570210

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 : (888)706-7274 Fax Number

\*\*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 INSULATING SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Y SULKER

SEP 21 2020

## **COVER LETTER**

TO: Amendment Section Division of Corporations

15129570210

Insulating Services, Inc. Name of Corporation 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: Name of Contact Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, Texas 78744 City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Area Code & Daytime Telephone Number

Enclosed 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 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 607.050 unge is submitted for a corpor er to change its registered offi	ation organized under the l	aws of the State of	North Carolina			
	the corporation: Insulating Inflice address: 10709 GF		H CHARLOT	TE, NC 28273			
-	address (if different):						
4. Date of incor	poration/qualification: $\frac{7/22}{2}$	2/1996 Documen	t number: <u>F960</u>	00003694			
	od street address of the current artment of State: (If resigned, e	enter resigned)					
	1201 HAYS STREET						
	TALLAHASSEE,	FL	32301-252	<del></del> 5			
6. The name an (if changed):	d street address of the new reg	_	Ü	- 20 SEP 18			
	155 Office Plaz	za Dr. Suite	Α	<del>*</del> 			
	Tallahassee	P.O. Box NOT acceptable FL 323	01	<del>-</del>			
The street addr	ress of its registered office and I be identical.	d the street address of the b	ousiness office of i	its registered agent,			
Such change w authorized by t	as authorized by resolution d the board, or the corporation h	luly adopted by its board of has been notified in writing	directors or by ar of the change.	n officer so			
/S/ Charles	McKissick		ACKISSICK				
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registere to comply with the provision nd I am familiar with and acc ing filed merely to reflect a c s been notified in writing of t	ed agent and agree to act it s of all statutes relative to cept the obligation of my po hanve in the revistered offi	••				
Hod Si	gnature of Registered Agent	09/18/20	020				
If signing on bo	ehalf of an entity:						
	, Assistant Secretary						
	Typed or Printed Name						
	* * * F	FILING FEE: \$35.00 * * *	ŧ				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)