Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

previous tax

Dower of

REGISTERED AGENT CHANGE

GUARDIAN BUILDING PRODUCTS DISTRIBUTION, INC.

Certificate of Status Sandary and Certified Copy 0 02 Page Count Estimated Charge \$35.00 ڣ

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Corporate Filing Menu

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10/15/2009

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

statement of ch	ange is submitted for a co	poration organi	?, 607.1508, or 617.1508, Fli ized under the laws of the Stu red agent, or both, in the Sta	ne of Cororolo
			-	ie oj riocida. 🤜
	the corporation: Guardian			
∠. 1 ne principa	office address:			
3. The mailing	address (if different):			
4. Date of incom	rporation/qualification:		Document number:	
 The name an Florida Depart 	id street address of the curr atment of State: (If resigns	ent registered ag xt, enter resigned	ent and registered office on i	file with the
	INCORPORATING SERVICES, LITU			
1540 GLENWAY DRIVE				
	TALLAHASSEE, FL 32.	201		克莱 乌
6. The name an (if changed):		, , , , , , , , , , , , , , , , , , ,	(if changed) and /or register	eo office
	c/o C T Corporation Syste	m, 1200 South Pi		9: 52 STATE FLORION
	Plantation, Florida 33324	P.O. Box NOT	acceptable	
The street address changed will			ddress of the business offic	e of its registered agent,
Such change we suthorized by t			by its board of directors or ified in writing of the chang	
l hereby accept I further agree of my duties, ar document is bet corporation ha	t the appaintment as regis to comply with the provis nd I am familiar with and ing filed merely to reflect s been notified in writing	itered agent and ions of all statu accept the oblig a change in the of this change.	ogree to act in this capacity is relative to the proper an gation of my position as regregistered office address, I	y d camplete performance istered agent. Or, if this hereby confirm that the
By: 2-1	Corporation System Computer of Registered Agent	ole	Kelly Snedden Asst. Secretary	113/09
If signing on be	shalf of an entity:			
<u> </u>	Typed or Printed Name	· ·		
		* FILING FE	• • •	
М.	MAKE CHECKS PA (ALL TO: DIVISION OF CO	Vyable to Floi Porations, P.C	rida Department of Stat J. Box 6327, Tallahasse	ге 2, F1. 32314

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CR2E045 (8/05)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Guardian Industries Corp. ("Corporation") a Corporation incorporated under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Kristine Heiberger, employee of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation. The attorney-in-fact will not make such changes without the prior approval of the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Kristine Heiberger and Liela Morad shall exercise the power of Vice President, Secretary and/or Manager.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this day of September, 2009.

Guardian Industries Corp.

On 30 before me, the undersigned, a Notary Public in and for said State, personally appeared personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Welling Krimmish Notary Public Chyme County, Acting in Carland City

KELLY E. KOWALSKI NOTARY PUHLIC, STATE OF MICHIGAN WAYNE COUNTY MY COMMISSION EXPIRES LANGUY T. 2013