6/9/2015 3:13:45 PM From: To: Division of Corporations 1

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(((H15000132715 3)))



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Page 1 of 1

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842

Fax Number : (850)878-5368

\*\*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 PRIMESOURCE BUILDING PRODUCTS, INC.

Certificate of Status	0
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June 9, 2015

### FLORIDA DEPARTMENT OF STATE

PRIMESOURCE BUILDING PRODUCTS, INC.

\*\*FAX FILING\*\*\*CT\*\* IRVING, TX 75038

SUBJECT: PRIMESOURCE BUILDING PRODUCTS, INC.

REF: F98000001916

date of submission 6/3

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

The registered agent signature is too light and not suitable for archiving.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon Regulatory Specialist II FAX Aud. #: H15000132715 Letter Number: 515A00012032

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
CIID	PRIMESOURCE BUILDING PRODUCTS, INC.
SUBJ	Name of Corporation
DOCU	F98000001916 IMENT NUMBER:
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Justin Maroidi
	Name of Contact Person
	Firm/Company
	360 North Crescent Drive, South Building
	Address
	Beverly Hills, CA 90210
	City/State and Zip Code
	Imaroldi@platinumequity.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Justin	Maroldi 310 712-1850 at ()
	Name of Contact Person at ( )  Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of che	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State inge is submitted for a corporation organized under the laws of the State of <mark>Dels</mark> ir to change its registered office or registered agent, or both, in the State of Flori	ware	
1. The pame of	the corporation: PrimeSource Building Products, Inc.		
	office address:		
3. The mailing a	address (if different): 360 North Croscent Drive, South Building		
4. Date of incor	poration/qualification: 04/02/1998 Document number: F9800000191	6	
	i street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)	<b>18</b>	
	CORPORATION SERVICE COMPANY		
	120I HAYS STREET		
	TALLAHASSHE, FL 32301-2525	15	Ī,
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  C T Corporation System		JUN-3	LLAHASSI
	c/o C T Corporation System, 1200 South Pine Island Road	AM II: 4	ار ازینا در ازینا در
	P.O. Box NOT acceptable	=	10 J
	Plantstion, Florida 33324	<del>-</del>	ALE ALE
as changed will	ess of its registered office and the street address of the business office of its reg be identical. as authorized by resolution duly adopted by its board of directors or by an offic as board, or the corporation has been notified in writing of the change.	•	
	Sally A. Word - Assistant Secretar		
- Bignet	re of an officer or director Primited or types name and title	<del></del>	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent and agrse to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duities, and I am familiar with and accept the obligation of my position as the document is being filed merely to reflect a change in the registered office ad that the corporation has been notified in writing of this change.	e egistered dress, I	
	portition System 6/2/15		
If signing on be	half of an entity:		
	uroe Building Products, Inc.		
T	yped or Printed Namo		
	* * * P1LING PEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (02/12)