

04/29/2015 09:45 FAX 9545252350
4/29/2015

Tripp Scott
Division of Corporations

0001/0002

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

****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
ADVANCED ROOFING, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
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ADVANCED ROOFING, INC.
TALLAHASSEE, FLORIDA

2015 APR 29 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. CARROTHERS

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Advanced Roofing, Inc.
2. The principal office address: 1950 NW 22nd Street
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/08/1983 Document number: G65116
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kevin Kornahrens

1950 NW 22nd Street

P.O. Box NOT acceptable

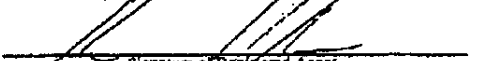
Fort Lauderdale, FL 33314

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Kevin Kornahrens, Vice President
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 4/27/15
Signature of Registered Agent Date

If signing on behalf of an entity:

Kevin Kornahrens
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E043 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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