

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003963913)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

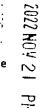
Account Name : BUSINESS FILINGS

Account Number : 105256001620 Phone : (608)827-5300

: (608)827-5501 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:____Cnicpeek@mountainco.com



REGISTERED AGENT CHANGE MARION/SERVICE ROOFING & SHEET METAL COMPANY

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$35,00	

Electronic Filing Menu Corporate Filing Menu

A. BUTLER

Fax Audit # H22000396391 3

` Page: 3 of 3

To:

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

			0502, 607,1508, or 617,1508, Florida Stau ganized under the laws of the State of Flo	
			gistered agent, or both, in the State of Flori	
1. The mane of the	e comoration:	MARION/SERVIC	E ROOFING & SHEET METAL COMPA	NY
			ue Ste #200, Ocala, Florida 34474	
3 The uniting add	drace (if differe	ent): PO BOX 1628.	OCALA, FL 34478	
			Document number: H27963	
		t the current register. It resigned, emer resi	ed agent and registered office on file with thigned)	ie
	WILLIAM H	PHELAN JR.		
•••	101 SOUTHV	WEST THIRD STREE	ET. BOX 2405	
_	OCALA, FL.	34478		2022
6. The name and s (if changed):	treet address o		ngent (if changed) and for registered office	2022 NOV 21
	Business-Filing	gs Incorporated		
	1200 South Pi	ne Island Road		PA PA
<u></u>	Plantation, Flo	_	. Box NOT acceptable	2:49
The street address as changed will be	of its register	red office and the str	eet address of the business office of its reg	nisicied agent.
Such change was authorized by the	authorized by board, or the	resolution duly adop corporation has been	pted by its board of directors or by an offic notified in writing of the change.	ier so
/	7/L		Jonathan () Belcher, President	
	en officer or dire		Printed or typed name and title	***************************************
I hereby accept the further agree to of my duties, and document is being cornoration has be	e appointmen comply with the Lam familian filed merely t éan notified in	t as registered agent he provisions of all s with and accept the c to reflect a change in writing of this chan	and agree to act in this capacity. Itatutes relative to the proper and complet obligation of my position as registered ago I the registered office address, I hereby ca ige.	e përformance ent. Or, if this nifirm that the
Phillips -			17th day of November, 2022	
Signar	ure of Reputered A	ights	Cale	
If signing on beha	If of an entity	:		
Chris Das, AVP				
Турс	d 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 CR2E045 (04/13)