## **'Document Number Only** CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Tallahassee, FL 32301 222-1092 Zip Phone City State 300<u>0021</u>85123--0 -05/20/97-01053-033 \*\*\*\*\*35.00 \*\*\*\*\*35.00 CORPORATION(S) NAME Southeastern Metals () Profit () Merger () Amendment () NonProfit ( ) Limited Liability Co. () Dissolution/Withdrawal () Mark () Foreign () Other UCC Filing Change of R.A. () Annual Report () Limited Partnership () Reservation () Reinstatement ( )Fic. Name () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up Walk in () Mail Out Name Availability PLEASE RETURN EXTRA COPIES FILE STAMPED Document 5-20 Examiner Updater Verifier Acknowledgment W.P. Verifier CR2E031 (1-89)

## Florida Department of State, Jim Smith, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of <a href="Florida">Florida</a> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Southeastern Metals Roofing, Inc.
1b. Date of incorporation 1/26/87 Document number J53417
2. The name and address of the current registered agent and office:  Thomas C. Peiman, Jr., 18801 Industry Drive, Jacksonville, Florida 32218
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3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.    Signature
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.  SIGNATURE BY:  (Registered Agent)  DATE  DIVIDION OF COMPORATION P.O. PROVISION FILESCOPE
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

CR2E045 (7-91)