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EXAMINER

COVER LETTER

Registration Section

Division of Corporations National Roof Systems, LLC **SUBJECT:** Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joe A. Livesay Name of Person National Roof Systems, LLC Firm/Company 1016 Clemons Street, Suite 305 Address Jupiter, Florida 33477 City/State and Zip Code joe@nationalroofsystems.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rhoda Phipps 561 Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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1. Name of the limited liability company:	National Roof Systems, LLC		
(a) Principal office address of limited liability company:		1016 Clemons S	treet
(Note: MUST BE STREET ADDRESS)	Suite Jupite	e 305 ter, Florida 33477	· · · · · · · · · · · · · · · · · · ·
(b) Mailing address of limited liability company:		1016 Clemons Street	
(Note: MAY BE POST OFFICE BOX)	Suite Jupite	er, Florida 33477	
12/02/2003		L08000107419 L03000049259	
3. Date of filing/registration in Florida	4. Doc	cument number	
5. (a) Registered Agent and Registered Office shown	on the reco	ords of the Florida Dept. of	State:
Registered Agent:	Joe A	A. Livesay For S	
Registered Office Address:	Suite	er, Florida 33477 📆 🗀	是四
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Regi		1:0:1
NEW Registered Office Address:		Clemons Street	· · · · · · · · · · · · · · · · · · ·
(MUST BE FLORIDA STREET ADDRESS)	<u>Suite</u> Jupite		33477
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.	ne Florida st dentical. Of ge(s) was/was/watherwise pro	street address of the registere or, in the case of a Florida lin were authorized by an affirma	ed office nited ative vote
Signature of a member or authorized representative of a member			
Joe Livesay			
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to e proper and y position ag	act in this capacity. I furthed complete performance of its registered agent as provid	er agree to ny duties, led for in