## L200000 77556

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entry Hume)					
(Document Number)					
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Special Instructions to Filing Officer:					
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: June 21, 2021

Order#: 852723/011

Re: NEWSOUTH WINDOW SOLUTIONS OF PENSACOLA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX \_\_ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

I. N	Name of the limited liability company: NEWSOUTH WINDOW SOLUTIONS OF PENSACOLA, LLC				
2. (a)	10741 CROSSROADS COMMERCE BLVD	(1	) 10	0741 CROSSROADS COMMERCE BLVD	
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		· /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	TAMPA, FL 33610		TA	AMPA, FL 33610	
	03/16/2020		L20	20000077556	
3.	Date of filing/registration in Florida	4.		Document number	
5 (0)	MARLOWE MCNABB MACHNIK, P.A.				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1560 W CLEVELAND ST			202	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2021 JUH 23	
	TAMPA, F	33606			
(b)	Enter name of NEW Registered Agent and/or NEW Registere  Corporation Service Company	<u></u>			
	NEW Registered Office Address:	· · ·		<del></del>	
	1201 Hays Street				
	Tallahassee, F	32301 L			
change agent v was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the lin e limited	ed of ompa nited liabil	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
Sign	/S/ Amy Rahn nure of a member or authorized representative of a member	<u> </u>	y Rai	Printed or typed name of signee	
I here provis the ob- to mer	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	e perform ed for in ( hereby c	ance Chapi onfiri	this capacity. I further agree to comply with the	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00