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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (614)280-3338

Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:		
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LLC REGISTERED AGENT CHANGE NEWSOUTH WINDOW SOLUTIONS OF PENSACOLA, LLC

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To:

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.

	me of the limited liability company: NewSouth Wind 10741 CROSSROADS COMMERCE BLVD		10741 CR	OSSROADS COMMERCE BLVD	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	TAMPA, FL 33610	FL 33610			
	03/16/2020		L20000077	2556	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	CORPORATION SERVICE COMPANY				
	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET				
	Registered Office Address (MUST BE FLORIDA STREET	TALLAHASS			
	TALLAHASSEE, FI	32301-2	525	21 T	
(b) <u>-</u>	C T Corporation System	P# 2			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	TILED THAY 21 PH 2: 00 LLANKS SEE, FLORID,			
	NEW Registered Office Address:		<u> </u>	-	
	1200 South Pine Island Road	-			
	Plantation, FI	33324		_	
the cha agent w was/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the reg ability c of the lir	istered office ompany, it is nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Poirs Fred		Rol	xii Reed	Deleted at the Same of Comment	
I herel provisi the obli to mere notified 3y:	the of a member or authorized representative of a member by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I fin writing of this change. C. T. Corporation System C. T. Corporation System	ree to ac e perforn ed for in hereby c	et in this cap nance of my Chapter 60, onfirm that	Printed or typed name of signee activ. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	