Florida Department of State

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

LLC REGISTERED AGENT CHANGE

NEWSOUTH WINDOW SOLUTIONS OF FORT WORTH, LLC

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K. Brumbley

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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.

1. Na	me of the limited liability company: NewSouth Windo	ow Solutio	ns of Fort Wo	orth, LLC
2. (a)	10741 CROSSROADS COMMERCE BLVD	(b	10741 CRO	SSROADS COMMERCE BLVD
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(М	ailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	TAMPA, FL 33610	_	TAMPA, FL	. 33610
	05/16/2022		L220002055	· · · · · · · · ·
3,	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	Γ	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- e.
	TALLAHASSEE , FL	32301-25	25	~:
(b) <u> </u>	C T Corporation System			0241.
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	2024 11. 17 2 0
	NEW Registered Office Address:			PH
	1200 South Pine Island Road			
	Plantation FL	33324		
the cha agent w was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the lim	tered office impany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Kind Kee	,	Robe	rt Reed	
I herel provisi the obli to mere notified By:	The of a member or authorized representative of a member obvious of a member of a member of a member on a complete on a first of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I if it writing of this change. C T Corporation System The of Registered Agent SEANL EMERICK, ASSISTANT SECRETARY	ree to act performe d for in C hereby co	in this capae	Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is heing filed at limited liability company has been