MO600000 5318

(Re	questor's Name)					
(Ad	dress)					
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



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2019 HAY 21 AM 8: 55

C. GOLDEN

JUN - 8 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 17, 2019

Order#: 747265-173

Re: OWENS CORNING SALES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.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.

l.	Na	me of the limited liability company: OWENS	S CORNIN	IG SALES, LL	<u> </u>	
2	(a)	One Owens Corning Parkway		(b)		
	()	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any:	(·/ <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Toledo OH43659				
		09/26/2006		M0600	00005318	
3.		Date of filing/registration in Florida		4.	Document number	
5.	(a)	C T Corporation System				
	(/	Registered Agent and Registered Office shown on the re	cords of the	Florida Dept. of ?	State:	
		1200 South Pine Island Road				
		Registered Office Address (MUST BE FLORIDA S	TREET ADI	DRESS)	2019 F	
		Plantation	. FL_	33324	2019 HAY 21	J
	(b)	Corporation Service Company			A A	ប្រើប្រ
	()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Of	fice address:	8: 55	
		1201 Hays Street				
		NEW Registered Office Address:				
		Tallahassee	.FL 3	32301		
the ag with	e cha ent v as/we a arti Signat herei ovisie obli mere	mited liability company is not organized under nige or changes are made, the Florida street additil be identical. Or, in the case of a Florida ling authorized by an affirmative vote of the mercle) of organization or the operating agreement of a member or authorized representative of a member of a member of all statutes relative to the proper and configurations of my position as registered agent as positions of my position as registered agent as positive reflect a change in the registered office additing the writing of this change.	fress of the nited liabi mbers of the line	e registered of lity company. he limited liability of Jill Cilmi, Au to act in this c	fice and the business office of the rit is hereby confirmed that the charility company or as otherwise provision pany. thorized Person Printed or typed name of signee tapacity. I further agree to comply	registered age(s) ided in
Si	gnatui	e of Registered Agent Corporation Service Com	 ipany B	SY: Ami M. C	Casper, Asst. Vice President	

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILING FEE: \$25.00