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(Re	equestor's Name)	•	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: U.S. Roofing Services, (Name of	LLC 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	g this matter to the following:	
Charles O'Laughlin		
(Name of Person)		
U.S. Roofing Services, LLC (Firm/Company)		
(Punicompany)		
440 SW 14th Court		
(Address)		
Fort Lauderdale, FL 33315		
(City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
Charles O'Laughlin	at (800) 848-3105	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followi	ng 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.

agent, or com, in the start of the tall.			
1. The name of the limited liability company is:	U.S. Roofing Services, LLC	<u> </u>	
2. The mailing address of the limited liability con	mpany is: 440 SW. 24th Court,	Fort Lauderdale, FL 33315	
		- <u>-</u>	
4/20/07	M0700002306	M07000002306	
3. Date of filing/registration in Florida	4. Document number	<u>-</u>	
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on	the records of the	
Alyssa Shipley			
	Name		
1007 N . Federal Hi			
	Address	9 SE	
Fort Lauderdale, FL 33304 City, State and Zip			
•	•		
6. The name and address of the new registered age	ent and/or office:	FILED L 24 AM HASSEE,	
Charles O'Laughlin		AH II: 02	
	lame		
	440 SW 14th Court		
Florida street address	(P.O. Box NOT acceptable)	D	
Fort Lauderdale	FL 33315		
City, Sta	ate and Zip		
If the limited liability company is not organized us confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability	ide, the Florida street address of the identical. Or in the case of	the registered office	
MI			
(Signature of a member or authorized representative of a member))		
Charles O'Laughlin			
(Printed or typed name of signee)			
I hereby accept the appointment as registered agreemply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fundaments, I hereby confirm that the limited liability	ent and agree to act in this capac to the proper and complete perfo of my position as registered age led to merely reflect a change in company has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.	

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

(Signature of Registered Agent)