

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | - | tration S ion of Co | ection orporations | · · | |
|--|----------|------------------------|---|--------------------------------|---|
| SUBJI | ECT: | L <u>ATI</u> T | E ROOFING AND SHE | | |
| | | | name of roreign | Limited Liability Cor | mpany |
| Dear S | ir or M | ladam: | | | |
| The en | closed | applicat | ion, certificate and fee(s) a | re submitted for filing | ı. |
| Please | return | all corre | spondence concerning this | matter to the following | ığ: |
| Mai | rk S. N | Jucci. E | sq. | | |
| | | | Name of Person | | |
| Bens | on, M | ucci & \ | Veiss PL | | |
| | | | Firm/Company | | |
| 5561 | N. Ur | niversity | Drive, Suite 102 | | |
| | | | Address | | |
| Cora | l Sprin | igs, FL 3 | 33067 | | |
| | | | City/State and Zip Code | | |
| E-m | ail add | lress: (to | be used for future annual | report notification) | |
| For fur | rther in | iformatic | on concerning this matter, p | olease call: | |
| Nicol | e Fran | | | at (<u>954</u>) <u>323</u> - | |
| | | Name | of Person | Area Code & Day | time Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | | Section orporations ng ve Center Circle | Reg Divi P.O. | ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314 |
| Enclos | | | for the following amount: \$30 Filing Fee & Certificate of Status | S55 Filing Fee Certified Copy | & □ \$60 Filing Fee, Certificate of Status & Certified Copy |

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appears | ars on the records of the Florida | Department of |
|---|--|--|
| State: LATITE ROOFING AND SHEE | T METAL, LLC | |
| Enter new principal office address, if applicable: | :N/A | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| 2. The Florida document number of this limited | liability company is: <u>M0700</u> | 0002720 |
| 3. Jurisdiction of its organization: Delaware | | , |
| 4. Date authorized to do business in Florida: | 05/08/2007 | |
| SECTION II (5-9 complete only the applicabl | e changes) | · · · · · · · · · · · · · · · · · · · |
| 3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: | N/A ust contain "Limited Liability C | ompany, " "L.L.C., or "LEC.") |
| (If name unavailable, enter alternate name adopt copy of the written consent of the managers or must contain "Limited Liability Company," "L.I | nanaging members adopting the | business in Florida and attach a alternate name. The alternate name |
| 6. If amending the registered agent and/or registered agent and/or the new registered office | | rds, enter the name of the new |
| Name of New Registered Agent: | N/A | |
| New Registered Office Address: | N/A | ida Street Address |
| | r.nter r tor | |
| - | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered at the provisions of all statutes relative to the propand accept the obligations of my position as reg document is being filed to merely reflect a changliability company has been notified in writing of | gent and agree to act in this cap er and complete performance of istered agent as provided for in ge in the registered office addre this change. | f my duties, and I am familiar with Chapter 605, F.S. Or, if this |
| | N/A f Changing Registered Agent, <u>Si</u> | gnature of New Registered Agent |

| Address | Type of Action |
|--------------------|--|
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| COPANS RD | NAdd |
| O BEACH, FL 33069 | Remove |
| COPANS RD | NAdd |
| NO BEACH, FL 33069 | Remove |
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| | COPANS RD NO BEACH, FL 33069 noing the |

Steve Struve, Board of Director of Latite Holdings, LLC
Typed or printed name of signee