

(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Office Use Only



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUN	NT NO. :	1200000001	.95				
	REFE	ERENCE :	464368					
	AUTHOR12	ZATION :	· Co	20. Ra)				
	COST	LIMIT :						
ORDER DATE	E : February 8	3, 2022						
ORDER TIM	E: 2:06 PM							
ORDER NO.	: 464368-002	2						
CUSTOMER I	NO: 7343009	€						
			·	· 				
CHANGE OF AGENT								
NAME: INSTALLED SHUTTER PRODUCTS, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
	ERTIFIED COPY LAIN STAMPED CO)PY						
CONTACT PERSON: Eyliena Baker								
		EXAMI	NER'S INITI	ALS:				

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: INSTALLED SH	INSTALLED SHUTTER PRODUCTS, LLC					
2. (a)		10601 Oak Street NE		(b) 10601 Oak Street NE				
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		St. Petersburg, FL 33716	_	St. Peter	rsburg, FL 33716			
		01/08/2008	_	M080000	000123			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	NRAI, SERVICES, INC.						
	(4)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florida	Dept. of Sta	nte:			
		Registered Office Address (MUST BE FLORIDA STREET)						
		<u> </u>	77.21					
		PLANTATION FL	33324		2022 FEB 1.0			
	(b)				-			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad-	dress:	o: 67			
		Corporation Service Company			7			
		<u>NEW</u> Registered Office Address:						
1201 Hays Street								
					_			
		Tallahassee, FL	32301		_			
ch: age wa	ange ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	registere bility co f the lim	d office ar mpany, it i ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in			
	<u> </u>	le E. liQue	Jill C	Cilmi, Auth	orized Person			
•	ignat	ue of a member or authorized representative of a member			Printed or typed name of signee			
pro the to	ovisio Pobli mere	ly accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have riting of this change.	performa l for in C iereby co	mce of my hapter 60. nfirm that	duties, ånd I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been			
Sig	gnatur	e of Registered Agent	Grace	t. Kirby, z	Asst. Vice President			