## M10000000494

(Re	equestor's Name)			
(Ad	dress)	<u> </u>		
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: January 29, 2014

Order#: 961449-065

Re: TRULITE WINDOW & DOOR SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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, 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.	Name of the limited liability company: TRULITE WINDOW & DOOR SOLUTIONS, LLC				
2.	(a)	Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	10200 NW 67th Street Tamarac, FL 33321	<u> </u>	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
02	2/03/:	2010	M1000000494		
3.	Dat	re of filing/registration in Florida	4. Document number		
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:		
		Registered Agent:	C T Corporation System		
		Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	_	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:		
		NEW Registered Agent:	Corporation Service Company	_	
NEW Registered Office Address:	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	_		
(MOST DE L'EURIDASTREEL ADDRESS)		THE ST BE TECHNOLOGY	Tallahassee ,FL 32301	<u> </u>	
co an lia the the	nfiri d the bilit e me	imited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote e provided in the articles of organization or	of	
Do	ona F	Priebe, Authorized Representative			
		or typed name of signee	\$150		
В	y:	by accept the appointment as registered agent and as with the provisions of all statutes relative to the prost in familiar with and accept the obligations of my poster 605, F.S. Or if this document is being filed to ment is the limited liability company	gree to act in this capacity. Further agree to per and complete performance of my duties sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	'o ,	
Sig	gnatui	re of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. VP		