## M12000005169

(Requestor's Name)					
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(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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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: October 5, 2017

Order#: 847531-010

Re: U.S. DOOR & BUILDING COMPONENTS, 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 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.

1. N	ame of the limited liability co	mpany: U.S. DOOR 8	BUILDING CO	MPONENTS, LLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Temple	G/ 30179			
	09/13/2012		<u>M1</u>	2000005169	
3.	Date of filing/regist	tration in Florida	4.	Document number	
5. (a)	Joe Burkhalter				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	10407 Rocket Boulevard				
	Registered Office Address (MI	UST BE FLORIDA STREE	T ADDRESS)		
	Orlando		FL32824	# OCT -9 PH 3: 18	
(b)	Corporation Service Compa	anv			
(0)	Enter name of NEW Registered	<del></del>	red Office address:		
				· · · · · · · · · · · · · · · · · · ·	
	1201 Hays Street				
	NEW Registered Office Address:				
		<u> </u>	·		
	Tallahassee		FL <u>32301</u>		
the chagent was/w	ange or changes are made, the will be identical. Or, in the ca	e Florida street address ase of a Florida limited ive vote of the member	of the registered liability compa s of the limited he limited liabil	e of Florida, it is hereby confirmed that after d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Authorized Person	
Signature of a member or authorized representative of a member				Printed or typed name of signee	
provis the ob to mer notifie	or accept the appointment as ions of all statutes relative to ligations of my position as rejely reflect a change in the red in writing of this change.	the proper and comple gistered agent as provi gistered Office address,	ite performance ded for in Chap I hereby confiri	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or. if this document is being filed m that the limited liability company has been A. Casper, Asst. Vice President	