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(shown below) on the top and bottom of all pages of the document.



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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Help T. LEMIEUX MAY 1 6 2023

From: David Thomas

DocuSign Envelope ID: 54E6FD4F-BF42-47FF-98A6-11AD2B4CD19D

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)

. Name of limited liability Company as it appears on the records of the Florida Department of
State: Angi Roofing, LLC
nter new principal office address, if applicable:
Principal office address IUST BE A STREET ADDRESS)
nter new mailing address, if applicable: Mailing address IAY BE A POST OFFICE BOX)
The Florida document number of this limited liability company is: M21000006366
Jurisdiction of its organization:
Date authorized to do business in Florida: 5/24/21
ECTION II (5-9 complete only the applicable changes)
New name of the limited liability company: Total Home Roofing, LLC (must contain "Limited Liability Company," "L.L.C.," or "L.L.C.")
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a ppy of the written consent of the managers or managing members adopting the alternate name. The alternate name ust contain "Limited Liability Company," "L.L.C." or "L.L.C.")
If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:
ame of New Registered Agent: N/A
ew Registered Office Address: Enter Florida Street Address
City . Florida Zip Code
ow Registered Agent's Signature, if changing Registered Agent; thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ad accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this becament is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited ability company has been notified in writing of this change.

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. If the amendment changes person, title or capacity in accordance with 605,0902(1)(e), indicate that change: N/A							
itle/ Capacity	<u>Name</u>	Address					
			□Add				
			□Remo				
			□Add				
			□Remo				
			□Add				
			□Remo				
			DAdd				
			□Remo				
			□Add				
aforementioned am	re law_of which this entity is organia	ne official having custody of records in the zed.	□Remo				
	Eliza Johnston Eliza Johnston, Manager	e authorized representative					

Filing Fee: \$25.00

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TOTAL HOME ROOFING, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203016468

Date: 03-28-23