13000015758

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Ĉit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL.	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
	JUN	HORNE	

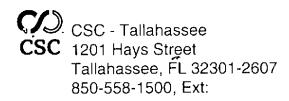
Office Use Only



900429640579

2024 JUN 19 PTIC: 20

RECEIVED



To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 06/19/24 Order #: 1540316-1

Re: Roofing Services Solutions, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: rella de man

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Registration Section

TO:

Division of Corporations SUBJECT: Roofing Services Solutions, LLC Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Catherine Hunter Name of Person Polsinelli, P.C. Firm/Company 150 N. RIVERSIDE PLAZA, SUITE 3000 Address CHICAGO, IL 60606-1599 City/State and Zip Code chunter@polsinellli.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Catherine Hunter Area Code & Daytime Telephone Number Name of Person Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$30 Filing Fee & ☐ \$55 Filing Fee & □\$25 Filing Fee ☐ \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

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 appear	rs on the records of the Flor	ida Department of			
State: Roofing Services Solutions, LLC					
Enter new principal office address, if applicable:	N/A				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	·				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
2. The Florida document number of this limited lia	ability company is: M23000	0015758			
3. Jurisdiction of its organization: DE					
4. Date authorized to do business in Florida: $\frac{12/1}{1}$	8/2023				
SECTION II (5-9 complete only the applicable	changes)				
5. New name of the limited liability company: N/A (must contain "Limited Liability Company, " "L.L.C" or "LLC.")					
(mus	t contain "Limited Liability	Company, ""L.L.C" or "LLC.")			
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C	naging members adopting t	ing business in Florida and attach a he alternate name. The alternate name			
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent.		cords. enter the name of the new			
Name of New Registered Agent: N/A		<u> </u>			
New Registered Office Address: N/A					
	Enter Fi	orida Street Address			
	City	Florida Ziv Code			
	·	<i>Ση</i> Ουίε			
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change	nt and agree to act in this c and complete performance ered agent as provided for	of my duties, and I am familiar with in Chapter 605, F.S. Or, if this			

If Changing Registered Agent. Signature of New Registered Agent

liability company has been notified in writing of this change.

Fitle/ Capacity	<u>Name</u>	Address	Type of Action
CEO	Greg Noland	1295 W Hwy 50. Clermont, FL 34711	□Add
			■Remo
			□Add
			□Remo —
CEO	Roy Ritenour	1295 W Hwy 50, Clermont, FL 34711	■Add
			□Remo
Vice President	Greg Noland	1295 W Hwy 50, Clermont, FL 34711	= Add
		□Remo	
		_	□Add
aforemention	ecertificate, if required: no more to ned amendment(s), duly authentic under the law of which this entity	ated by the official having custody of records in the	□Remo

Filing Fee: \$25.00 AMEND-14136

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Roofing Services Solutions, LLC	The last time Comment
name of Foreig	gn Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Catherine Hunter	
Name of Person	
Polsinelli, P.C.	
Firm/Company	
150 N. RIVERSIDE PLAZA, SUITE 3000	
Address	
CHICAGO, IL 60606-1599	
City/State and Zip Coc	le
chunter@polsinellli.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter	r, please call:
Catherine Hunter	at (312
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following □\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	g amount: Solution Solution