

Florida Department of State

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REGISTERED AGENT CHANGE WEATHERGUARD BUILDING PRODUCTS, INC.

| Certificate of Status | 0 |
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Corporate Filing Menu

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2/7/12



From:

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02/07/2012 13:00 F##82 P.002/00:

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|--------------------------------------|---|---|--|--|
| STATEMENT | OF CHANGE OF REGISTERED OF FOR CORPORT | FFICE OR REGISTI RATIONS | ERED AGENTE | TARY UF STAT |
| Pursuant to the pr | ovisions of sections 607.0502, 617.0502, | 607.1508, or 617.1508, | Florida Statilis | THE SEE FLOR |
| statement of chang | ge is submitted for a corporation organiz | ed under the laws of the | State of TALLA | Plorida |
| in or <mark>der to chan</mark> ge | its registered office or registered agent, | or both, in the State of I | Torida. | |
| I. The name of the | • | | | |
| | Weatherguard Bu | ilding Products, In | ic. | |
| 2. The principal of | fice address: | | | |
| 90 | 40 Belvedere Road | West Palm Bear | h FL | 33411 |
| 3. The mailing add | ress (if different): | | | |
| c/o CM Opportuni | ity Fund LLC, 909 Third Avenue, 33rd Floor | New York | NY_ | 10022 |
| 4. Date of incorpo | ration/qualification: 6/20/02 | Document number: | P02000 | 068361 |
| 5. The name and s Florida Departm | treet address of the current registered age nent of State: | nt and registered office | on file with the | |
| _ | Palmer, Adam D Esq. | Schoeppi & Burke | , PA | - |
| | 4651 N Fe | deral Hwy | | _ |
| | Boca Raton | FL | 33431 | |
| 5. The name and st (if changed): | reet address of the new registered agent National Corporate | | stered office | |
| | 155 Office | Plaza Drive | | <u>.</u> |
| | (P.O. Box NO | Tacceptable) | _ | |
| | Tallahassee | Florida | 32301 | _ |
| | of its registered office and the street ac identical. | | | |
| Such change was authorized by the | authorized by resolution duly adopted board, or the corporation has been notif | by its board of directors fied in writing of the ch | or by an officer lange. | so |
| Sign (Sign | (Attlement & Bord Resolution |) The Silver | Jelu J. (A) tod or typed name and t | Harrier & Com |
| | e appointment as registered agent and comply with the provisions of all statute am familiar with and accept the oblig filed merely to reflect a change in the i een notified in writing of this change. | agree to act in this cap es relative to the prope ation of my position as registered office addres | acity. r and complete po registered agent. ss, I hereby confi | erformance Or, if this rm that the |
| Melesson | QULS - ASST Secret | , | 2-7-12- (Date) | - |
| f signing on beha | | / | | |

Jureller, L. Klestreet & Ninter Wif

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
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