840003199

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Cir	ty/State/Zip/Phon	(# #)
L PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
	F.'' O'''	
Special Instructions to	Filing Officer:	

Office Use Only



300131640303

06/27/08--01013--018 **35.00

SECRETARY OF STATE

N27 PH 2: 07



COVER LETTER

Division of Corporations
SUBJECT: T+S Roofing Systems Inc. (Name of Corporation)
DOCUMENT NUMBER: PD4 D00031199
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PS Cooling Cystems, Inc. (Film/Corkpany) 14SS NW 23 87
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (BOS) DOS DOSY (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
	nge is submitted for a corporation organized under the laws of the State of Honda	
in order	to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the		
2. The principal of	office address: 1455 MW 03 87	
_ ma	nú, h 33142	
3. The mailing ac	Idress (if different):	
		
4. Date of incorp	oration/qualification: 2111/04 Document number: P0400031199	
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:	
·	Louis toledo	
	1461 m 9387 En 8	
	Mary A 33142 \ \frac{1}{12} \	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Louis Toledo	
	14SS NW 03SA	
	(P.O. Box NOT acceptable)	
	110010 10 33192	
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
Signatur	e of an officer or director) Low S Toledo Fresident (Printed or typed name and title)	
	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance if I am familiar with and accept the obligation of my position as registered agent. Or, if this ig filed merely to reflect a change in the registered office address, I hereby confirm that the peen notified in writing of this change.	
0/1	6/24/08	
(S)g	nature of Registered Agent) (Date)	
If signing on behalf of an entity:		
(T	yped or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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