BS0001/3583

(Requestor's Name)	_	
(Address)		
(Address)	_	
(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	_	
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer:]	
		

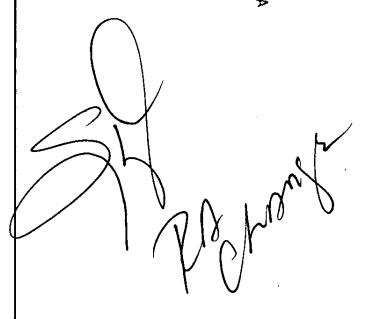




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O7 MAY 10 PH 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORID.



COVER LETTER

ů,

SUBJECT: WIZARD ROOFING, INC.	
(Name of Corporation)
DOCUMENT NUMBER: P05000113583	
The enclosed Statement of Change of Registered Office/Agent are	nd fee are submitted for filing.
Please return all correspondence concerning this matter to the following	lowing:
WAYNE E. FRAZIER (Name of Contact Person	on)
WIZARD ROOFING, INC.	
(Firm/Company)	The state of the s
record to	
17 FIR TRAIL COURSE	A STATE OF STATE OF A STATE OF
(Address)	
OCALA, FL 34472	
(City/State and Zip Co	de)
For further information concerning this matter, please call:	
WAYNE E. FRAZIER at (_35	52) 266-4763
(A)	rea Code & Daytime Telephone Number)

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

Amendment Section Division of Corporations

TO:

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

CR2E045 (8/05)

FOR CORPORATIONS

statement of change is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of FLORIDA r registered agent, or both, in the State of Florida.
The name of the corporation: WIZARD ROOFING	NG, INC.
2. The principal office address: 17 FIR TRAIL CO	
3. The mailing address (if different): SAME	
4. Date of incorporation/qualification: 8/16/2005	Document number: P05000113583
5. The name and street address of the current regis Florida Department of State:	tered agent and registered office on file with the
MICHAEL RYAN	
5063 SE 37TH AVENUE	TALE 97
OCALA, FL 344780	AFE A SIME
6. The name and street address of the new register (if changed):	ed agent (if changed) and /or registered office
DAVID SOPP	STATE ON THE STATE OF THE STATE
62 FIR DRIVE (P.O. Box NOT a	Countable)
OCALA, FL 34472	,
The street address of its registered office and the as changed will be identical.	e street address of the business office of its registered agent,
Such change was authorized by resolution duly authorized by the board, or the corporation has be	adopted by its board of directors or by an officer so been notified in writing of the change.
(Signature of ab officer of director)	WAYNE E. FRAZIER (Printed or typed name and title)
I hereby accept the appointment as registered as I further agree to comply with the provisions of of my duties, and I am familiar with and accept a decument is being filed merely to reflect a chang carporation has been notified in writing of this of	all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this se in the registered office address. I hereby confirm that the
Half Som	4/13/2007
(Signature of Registered Agent) If signing on behalf of an entity:	(Date)
a signing on contain or all citting.	
(Typed 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 * * *