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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Name | e) |
| (Document Number) | | |
| Certified Copies | _ Certificates o | of Status |
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AFFORETARY OF STATE

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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Beaman Roofing Company Name of Corporation |
| DOCUMENT NUMBER: P0600094093 |
| 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: |
| Kenneth Beaman Name of Contact Person |
| Name of Contact Person Name of Contact Person Name of Contact Person Parting Beaman Roofing Company Firm/Company Solver Service Drive |
| address 5523 Dubonnet Drive |
| Fairfield OH 45014 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Kenneth Beaman at (513, 939-2080) Name of Contact Person at (513, 939-2080) 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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this |
|---|
| statement of change is submitted for a corporation organized under the laws of the State of |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Beaman Rooting Canpany |
| 2. The principal office address: 820 Barnes Blva # F-14 |
| Rockledge FL 32955 |
| 3. The mailing address (if different): 5523 Dubonnet Drive |
| Fairfield OH 45014 |
| 4. Date of incorporation/qualification: 7172006 Document number: P060009409. |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| Crystal Beaman |
| 820 Barnes Blud #F-14 |
| Rockledge FL 32955 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Kenneth L. Beaman |
| 820 Barnes Blud #F-14 |
| Rockledge FL 32955 |
| The street address of its registered office and the street address of the business of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors of the authorized by the board, or the corporation has been notified in writing of the change. |
| Kenneth L. Beaman Signature of an officer or director Printed or typed name and title |
| I hereby 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 and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| 142 6/0/18 |
| Signature of Registered Agent Date If signing on behalf of an entity: |
| |
| Typed or Printed Name |

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