

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Dx	ocument Number)	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
The name of the corporation: Bonded Roofing Services Inc.	
2. The principal office address: 1903A West McNab Road, Pompano Beach, FL 33069	_
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 6/25/2009 Document number: P09000055066	
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)	
Daniel Te Young	
24 NE 24th Ave.	
Pompano Beach, FL 33062]
Pompano Beach, FL 33062 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Daniel Te Young	7
Daniel Te Young	
1600 South Federal Highway, Suite 570	
P.O. Box NOT acceptable Pompano Beach, FL 33062	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Blake Koch P 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 lift in 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.	
If signing on behalf of an entity:	
Typed or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 45 (03/12)

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