11/13/2017

542080845 From: Ranae McGraw

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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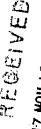
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the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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#### REGISTERED AGENT CHANGE

### TRRAY DRYWALL AND INSULATION OF TEXAS, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

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#### COVER LETTER

| TO: Amendment Section Division of Corpora    |  |   |            |  |  |  |  |
|--|--|---|------------|--|--|--|--|
| MURRAY DRY                                   | WALL AND INSULATION O  |   |            |  |  |  |  |
| <u> </u>                                     | Name of Co   | rporation   |            |  |  |  |  |
| DOCUMENT NUMBER:                             | P13142   |   |            |  |  |  |  |
| The enclosed Statement of C                  | Change of Registered Office  | Agent and fee are submitted for fill  | ing:       |  |  |  |  |
| Please return all correspond                 | ence concerning this matter  | to the following:   |            |  |  |  |  |
| Brett 1                                      | Walrath  |   |            |  |  |  |  |
|  | Name of Cont   | tact Person   |            |  |  |  |  |
| Murray Drywall And Insulation of Texas, Inc. |  |   |            |  |  |  |  |
|  | Firm/Con   | npany   |            |  |  |  |  |
| 15418  |  |   |            |  |  |  |  |
|  | Addre  | ess   |            |  |  |  |  |
| Omal   | na NE, 68137   |   |            |  |  |  |  |
| ### ##################################       | City/State and   | d Zip Code  |            |  |  |  |  |
| _  | murraydrywall.com  |   |            |  |  |  |  |
| E-mail                                       | address: (to be used for ful   | ture annual report notification)  |            |  |  |  |  |
| For further information cond                 | cerning this matter, please ca   | all:  |            |  |  |  |  |
| Brett Walrath                                |  | at (402) 332-0478<br>Area Code & Daytime Telephe  |            |  |  |  |  |
| Name of Cor                                  | ntact Person   | Area Code & Daytime Telepho   | one Number |  |  |  |  |
| Enclosed is a \$35,00 check-                 | made payable to the Departn  | nent of State.  |            |  |  |  |  |
| Am<br>Div<br>P.O                             | iling Address:<br>endment Section<br>rision of Corporations<br>D. Box 6327<br>lahassec, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassec, FL 32301 |            |  |  |  |  |

CR2E045 (03/12)

# 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  |      |
|--|------|
| in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: MURRAY DRYWALL AND INSULATION OF TEXAS, INC.  |      |
| 1. The name of the corporation:  |      |
| 2. The principal office address: 15418 WEIR ST SUITE #310 OMAHA, NE 68137  | _    |
| 3. The mailing address (if different):   | _    |
| 4. Date of incorporation/qualification: 2/6/1987 Document number: P13142   |      |
| <ol><li>The name and street address of the current registered agent and registered office on file with the<br/>Florida Department of State: (If resigned, enter resigned)</li></ol>  |      |
| Carl Lime Ex   | _    |
| 1606 Timber Trace Drive  | 1107 |
| St. Augustine, FL 32092  | -    |
| 6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  CT Corporation System.  | 2    |
| C-T Corporation System.  | 8    |
| c/o C T Corporation System, 1200 South Pine Island Road  |      |
| P.O. Box NOT acceptable  |      |
| Plantation, Florida 33324  |      |
| 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.  |      |
| Experimental Controller Printed or typed name and fills  |      |
| 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. |      |
| By: 11/10/2017  Signature of Registered Agent Date   |      |
| If signing on behalf of an entity:   |      |
| Jennifer Quinn- Assistant Secretary  |      |
| Typed or Printed Name  |      |
| * * * FILING FEE: \$35.00 * * *  |      |
| Make checks payable to Florida Department of State<br>Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314<br>CR2E045 (03/12)   |      |