P160000 65937

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	 -
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dox	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: August 10, 2020

Order#: 356019/009

Re: TOTAL HOMESHIELD OF FL, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	nge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ation organized under the laws of the State of FL see or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: TOTAL HOM	ESHIELD OF FL, INC.	
	office address: DRIVE 2ND FLOOR EDISON	, NJ 08837	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 08/09/	2016 Document number: P16000065937	
5. The name and		registered agent and registered office on file with the	
	UNITED STATES CORPO	RATION AGENTS, INC.	
	5575 S. SEMORAN BLVD. SUITE 36		
	ORLANDO	FL 32822	
6. The name and (if changed):	d street address of the new reg		30 色5
	1201 Hays Street		.5
	T-U-b	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and be identical.	d the street address of the business office of its registered a	agent,
Such change w authorized by the	as authorized by resolution d he board, or the corporation l	uly adopted by its board of directors or by an officer so has been notified in writing of the change.	
Xiu	2 GOWIL	Jill Cilmi, Vice President	
/ \int \int \int \int \int \int \int \int	ire of an officer or director	Printed or typed name and title	
I further figree of my duties, ar document is be corporation ha	to comply with the provision	ed agent and agree to act in this capacity, is of all statutes relative to the proper and complete perform the obligation of my position as registered agent. Or, hange in the registered office address, I hereby confirm the his change.	mance if this at the
ву: Дл	ace (Kuble	07/24/2020	
	gnature of Registered Agent	Date	
ii signing on be	ehalf of an entity:		
	Asst. Vice President yped or Printed Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)