Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

\*\*Enter 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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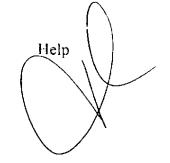
REGISTERED AGENT CHANGE EMERALD COAST TRUSS, INC.

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Electronic Filing Menu

Corporate Filing Menu



To:

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

	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ		
	er to change its registered office or registe		
1. The name of	the corporation: Emerald Coast Truss, Inc		
	l office address: 5817 Commerce Rd., Milto		
	address (if different): 2150 F. Lake Cook F		
4. Date of incor	poration/qualification: 12/20/2019	Document number: P190000	)94231
5. The name an	d street address of the current registered a artment of State: (If resigned, enter resigne	gent and registered office on file w	rith the
	Charles R Smith		024 (
	5928 COMMERCE ROAD		2024 OCT 22
	MILTON, FL 32583		_ : :
6. The name an (if changed):		nt (if changed) and /or registered of	- FR 9: 03
	C T Corporation System		-
1200 South Pine Island Road			
	Plantation, Florida 33324	NOT acceptable	_
The street addrass changed will	ess of its registered office and the street.  I be identical.	address of the business office of it	ts registered agent,
Such change wauthorized by t	as authorized by resolution duly adopted he board, or the corporation has been no		
		Manish Shanbhag - EVP, GC and S	Secretary
Signatu	ne of an officer or director	Printed or typed name and tr	itle
l Jurther agree of my dutics, ar document is bei corporation ha	t the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the oblining filed merely to reflect a change in the seen notified in writing of this change.	l agree to act in this capacity, ites relative to the proper and con gation of my position as registered e registered office address, I herel	uplete performance d agent. Or, if this by confirm that the
C T Corporation	n System Mulla Zwala	10/08/2024	
Signature of Registered Agent		Date	
lf signing on be	chalf of an entity:		
Sandra Zwijack			
ī	yped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	
	Marie morning a second part Pres	derice Demonstrate disease our Consum:	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

By.