## Division of Corporations Electronic Filing Cover Sheet

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To:

**Division of Corporations** 

Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

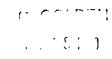
**Enter the email address for this business entity to be used for futu	ıre
annual report mailings. Enter only one email address please.**	

Email Address:

## REGISTERED AGENT CHANGE ROOF PROS STORM DIVISION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

•	•	502, 607.1508, or 617.1508, Florida Statutes, unized under the laws of the State of Flokin	this
_		stered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Roof Pros Storm Divis	ion, Inc.	
2. The principal	office address: 2155 Old Moultrie Rd.	Unit 201 Box 11	
St. Augustine	FL 32086		
3. The mailing a	ddress (if different); 3501-B N. Ponce D	e Leon Blvd #357	
St. Augustir	ne FL 32084		
4. Date of incorp	poration/qualification: 06/26/06	Document number: P20000004837	
	I street address of the current registered tment of State: (If resigned, enter resigned)	dagent and registered office on file with the med)	
	ENGSTROM, AMANDA		. ,
	21724 EDGEWATER DR		
	PORT CHARLOTTE, FL 33952		 ω
6. The name and (if changed):	4 street address of the new registered ag	gent (if changed) and /or registered office	P.: 12: 1-0
	Northwest Registered Age	nt LLC	. <u> </u>
	7901 4th St N STE 300		
		OT acceptable	
	St. Petersburg FL 33702		
The street addre	ess of its registered office and the street be identical.	et address of the business office of its registe	ered agent,
Such change wa authorized by th	is authorized by resolution duly adopt the board, or the corporation has been i	ed by its board of directors or by an officer so tified in writing of the change.	so
Christopher 7	Nekinnery re of an officer or director	Christopher Mckinney	
I hereby accept I further agree to performance of	the appointment as registered agent of to comply with the provisions of all stand my duties, and I am familiar with and	Printed or typed name and title und agree to act in this capacity, attites relative to the proper and complete l'accept the obligation of my position as regi- effect a change in the registered office addre l'in writing of this change.	stered ss, I
lon	Glove	7/13/20	
Sign	nature of Registered Agent	Dute	
If signing on be	half of an entity:		
Tom Glove	r ped or Printed Name		

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