P25000288871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FM - 3/11/25

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southern Roof Consulting & Design INC.
Name of Corporation

DOCUMENT NUMBER: P21000028871

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Scanlon
Name of Contact Person

Southern Roof Consulting & Design INC
Firm/Company

7805 SW Ellipse Way Unit A10
Address

Stuart, FL 34997
City/State and Zip Code

info@rudee-roofing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Scanlon at (561) 236 3371
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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.*

1. The name of the corporation: Southern Root Consulting & Design INC
2. The principal office address: 7805 SW Ellipse way Unit 110 Stuart, FL 34997
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/23/21 Document number: P21000028871
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)

Christopher B Hopkins
501 S Flagler Drive
Suite 200 West Palm Bch, FL 33401

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Christopher Hopkins
Hopkins PA
P.O. Box NOT acceptable
327 Flamingo Dr West Palm Bch, FL 33401

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.

Signature of an officer or director

Thomas E. Scalora
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, 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.

Signature of Registered Agent

2/24/25
Date

If signing on behalf of an entity:

Typed 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

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