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## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Pax Number

: (850)617-6380

Prom:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : 12000000195

Phone

: (850)521-1000

Fax Number

: (850)558-1575

## REGISTERED AGENT CHANGE

HANSON ROOF TILE, INC.

Certificate of Status	0
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8/21/2009

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

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or registen	ed under the laws of the State of _	Delawa	his Ie	_	
	the corporation: HANSON ROOF TILE					
2. The principal						
300 E. John	n Carpenter Freeway, Irving, TX 7500	52			<del></del>	
3. The mailing a	uddress (if different):	<u> </u>				
4. Date of incorp	poration/qualification: 07/21/1989	Document number: P25361				
	istreet address of the current registered againment of States	ent and registered office on file wi	th the			
	CT Corporation System		_			
	1200 S. Pine Island Road		-	•		
	Plantation, FL 33324	·		1 60		
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):			HASS.	AUG 21	7	
	Corporation Service Company			<u> </u>	'n	
	1201 Hays Street		- NO.			
(P.O. Box NOT acceptable)		35	دن			
	Tallahassee, FL 32301		_ <u>\$</u> #	cن		
The street addr	ess of its registered office and the street a libe identical.	address of the business office of i	ts regist	ered ag	ent,	
Such change wanthorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by a lifted in writing of the change.	n officer	\$O		
W	Same harman	Maureen Cullen, Attorney in	Fact			
I hereby accept I further agree of my duties, as document is be corporation ha Corporati	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the oblining filed merely to reflect a change in the seen notified in writing of this change.  On Service Company		•	erform Or, if rm that	nce this the	
By: 24	gosture of Registered Agens)	08/13/2009 (Date)				
If signing on b	chalf of an entity:					
	Dawson, Asst. Vice President (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, TALLAHASSHE, FL 32314 CR2E045 (\$/05)

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