092000014088

(Requ	uestor's Name)			
(Address)				
(Address)				
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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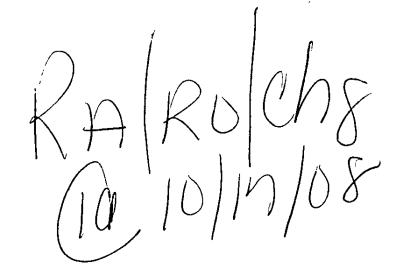


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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Roofing Concepts Unlimited/Florida, Inc. (Name of Corporation)				
DOCUMENT NUMBER: P92000014088				
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:				
Alexander O. Soto, Esquire				
(Name of Contact Person)				
The Soto Law Group, P.A. (Firm/Company)				
2400 E. Commercial Boulevard, Ste 400 (Address)				
Fort Lauderdale, FL 33308				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Alexander O. Soto, Esquire at (954) 567-1776 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address:				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

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

Pursuant to the provisions of sec statement of change is submitted in order to change its re		under the laws of the State of	Florida
The name of the corporation:	Roofing Concept	s Unlimited/Flo	rida, Inc.
2. The principal office address:_	11820 NW 41st S	Street, Coral Sp	rings, FL 33065
3. The mailing address (if differe	ent): 11820 NW 41st	Street, Coral S	prings, FL 33065
4. Date of incorporation/qualification	ation: 12/21/1992	Document number: P920	000014088
5. The name and street address of Florida Department of State: (1)		and registered office on file v	vith the
The S	Soto Law Group		<u> </u>
915 1	Middle River Driv	re, Suite 304	
Fort	Lauderdale, FL 3	33304	<u> </u>
6. The name and street address of (if changed):	f the new registered agent (if	changed) and /or registered o	SECRETARY CONVISION OF COR
The S	Soto Law Group, F	P.A.	_ T OF R
2400	E. Commercial Bl	vd., Suite 400	TARY OF SIA OF GORPORAL
•	(P.O. Box NOT acceptable)		STATE OR ATTE
Fort	Lauderdale, FL 3	33308	
The street address of its register as changed will be identical.	red office and the street addr	ess of the business office of	its registered agent,
Such change was authorized by authorized by the board, or the	resolution duly adopted by corporation has been notified	its board of directors or by a din writing of the change.	n officer so
(Signature of an officer or dire	ector)	(Printed or typed name an	d fule)
I hereby accept the appointment of the further agree to comply with the function of my duties, and I am familiar document is being filed merely to corporation has been perified in	•	, , , , , ,	•
		10-10-	08
(Signature of Registered	Agent)	(Date)	
If signing on behalf of an entity	:		
alkfjsaldkfj (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

CR2E045 (8/05)