P940000 49883

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	→ #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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H L'hange 05-27-09 DC

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJE	CT: Reliant Building Products, Inc. (Name of Corp.)	poration)				
DOCU	DOCUMENT NUMBER: P94000049883					
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:				
	William F. I	Poole, IV				
(Name of Contact Person)						
	The Solution	ons Group				
(Firm/Company)						
	195 Wekiva Springs	Road - Suite 204				
	(Addres	s)				
	Language	LEI 22770				
	(City/State and	I, FL 32779 Zip Code)				
For fur	ther information concerning this matter, please call	l:				
	Jane Poole	at (407) 772-4888				
	(Name of Contact Person)	at (407) 772-4888 (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section	Street Address:				
		Amendment Section				
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
	A minimum and a man a .	Tallahassee, FL 32301				

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

statement of cha	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida S ganized under the laws of the State of \underline{F} gistered agent, or both, in the State of Fl	lorida
1. The name of	the corporation: Reliant Building	Products Inc	
	office address: 19976 Independ		· .
	I, FL 34736	onoo bira.	
		Club Drive, Clermont, FL 34711	
5. The maining a	addless (II different): 10020 Day C	nub Dilve, Ciermoni, FL 34711	
4. Date of incor	poration/qualification: 07/05/1994	Document number: P94000	049883
	d street address of the current registerer timent of State: (If resigned, enter resi	ed agent and registered office on file with gned)	n the
	William F. Poole, IV		
	195 Wekiva Springs Road - S	Suite 204	- County
	Longwood, Florida 32779		O9 MAY
6. The name and (if changed):	I street address of the new registered a	agent (if changed) and /or registered office	ARY SSET
	Dewitt (Dutch) Holt, III		TO R M
	16626 Bay Club Drive		41.5 W. F.
	(P.O. Box NOT accept	able)	<u> </u>
	Clermont, FL 34711		
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its	registered agent,
Such change was authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by an o	officer so
Signatu	re of an officer or director)	Dewitt (Dutch) Holt. III. (Printed or typed name and tit	President
I herebu decan	the annointment as registered agent		
Burney	mature of Registered Agent)	April 06, 2009	
	half of an entity:	(Date)	
	yped or Printed Name)		

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