P95000095912

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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: A.T. S. Roo Fing inc. Name of Corporation		
DOCUMENT NUMBER: 19 15 000095912		
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:		
MICHAELTORN Name of Contact Person		
Name of Contact Person		
A.T.S. DooFinging Firm/Company		
3453 BAY MISADOW COURT Address		
City/State and Zip Code MTORTI 342 9, O AOL COM E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: MicHAELTORT: Name of Contact Person Area Code & Daytime Telephone Number		
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



March 28, 2011

MICHAEL TORTI ATS ROOFING, INC. 3453 BAY MEADOW COURT WINDERMERE, FL 34786

SUBJECT: ATS ROOFING, INC. Ref. Number: P95000095912

We have received your document for ATS ROOFING, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 611A00007478

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SECRETARY OF STATE
ALLAHASSEE, FLORIO

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: ATS ROOFING'INC
2. The principal office address: 3453 BA/MEADOW GOUNT WINDERMERE FC. 34784
WINDERMERE FC. 34784
3. The mailing address (if different):
4. Date of incorporation/qualification: 72/19/95 Document number: P95000095912
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)
Michael Toeti
19681 Black O live Lane
Boca Raton FC 33498
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): MicHale UTORT! 3453 BAY MIEADOW COURT TO THE WINDER MERE FL. 34786 P.O. Box NOT acceptable
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.
Muchael Toll Signature of an officer or director Printed or typed name and title 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.
Muchael Govern 4/14/11 Signature of Registered Agent Date
If signing on behalf of an entity:
MicHARCTORA,

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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