

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000030550 3)))



H210000305503ABCQ

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

**Division of Corporations** 

Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

Email Address:\_

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

2021 JAN 22 AM 8: 55

TECHVEL)

DECISTEDED	ACENT CHA	NGF	

## ONE SOURCE ROOFING, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

JAN 25 2029

C Kinsey

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

<del>,</del>	er to change its registered office the corporation: ONE SOURC	e or registered agent, or both, in the State of Florida.			
	Loffice address: 1690 Roberts				
	Georgia 30144				
	address (if different): 1690 Rol	perts Blvd NW Suite 112			
	Georgia 30144				
-	rporation/qualification: 01/27/	97 Document number: P97000009746			
5. The name an		registered agent and registered office on file with the			
	Van Tassell, Renee				
	894 W KENNEDY BLVD				
	ORLANDO, FL 32810				
6. The name ar (if changed):		ed Agent LLC  P.O. Box NOT acceptable  P.O. Box NOT acceptable			
	Northwest Register	ed Agent LLC			
	7901 4th St N STE 300	2 5			
		P.O. Box NOT acceptable			
	St. Petersburg FL 3	3702			
The street add as changed wi	ress of its registered office an Il be identical.	d the street address of the business office of its register caragent.			
Carela albanacas es	and authorized by resolution d	uly adopted by its board of directors or by an officer so has been notified in writing of the change.			
<u>Brian</u>	Wedding	Brian Wedding, President  Printed or typed name and title			
I hereby accept further agree performance of the control of the co	of the appointment as register e to comply with the provision of my duties, and I am familia whis document is being filed m	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I n notified in writing of this change.			
lon	-Glove-	1/22/2021			
S	lignature of Registered Agent	Date			
If signing on b	pehalf of an entity:				
Tom Glov					
	Typed or Printed Name				

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

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