AMENDED

CENTURY ROOFING SUPPLY, INC. OO NOV 13 AM 9: 35 Natural Parks of Business Analysis Age and Supple	DOCUMENT # P99000034	 _		
AMADO ARGOTE Selection or hands of sources and discuss to do so. The above rounce entity accordance as explain learners for the purpose of changing its register of office or registered agent. Lawrence Bieler Growth Lawr	1. Effity Name			
The proper named analysis and property and a state of the purpose of changing its reposered order or registered agent Substitute				00 NOV 13 AM 9: 35
Suite Agit # etc. State S	7490 NW 48 STREET	mailing Address		SECRETARY OF STATE. TABBAHASSEE: FLORIDA
City & State Ci	2. Principal Place of Business	3. Mailing Address		
Zip Coursy Zia Coursy S. Certificate of Status Desired St. 75 Additions St. 75 Additi	Suite, Apt. #. etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
AMADO ARGOTE 1. Name and Address of Now Registered Agent 1. Name 1. LAWRENCE BIELER, ESO. Street Address (Po. Box Number is Not Acceptable) TWO S. BISCAYNE BLVD., SUITE 3250 Coy MIAMI FL 33131 8. The above named entry summable gasement for the purpose of changing its registered office or registered agent. or both, in the State of Florida. SIGNATURE 1. LAWRENCE BIELER, ESO. Street Address (Po. Box Number is Not Acceptable) TWO S. BISCAYNE BLVD., SUITE 3250 Coy MIAMI FL 33131 8. The above named entry summable gasement for the purpose of changing its registered office or registered agent. or both, in the State of Florida. SIGNATURE 1. LAWRENCE BIELER, ESO. Street Address (Po. Box Number is Not Acceptable) TWO S. BISCAYNE BLVD., SUITE 3250 Coy MIAMI FL 33131 8. The above named entry summable gasement for the purpose of changing its registered office or registered agent. or both, in the State of Florida. SIGNATURE 1. LAWRENCE BIELER, ESO. Street Address (Po. Box Number is Not Acceptable) TWO S. BISCAYNE BLVD., SUITE 3250 Coy MIAMI FL 33131 1. Lawrence Bieler TWO S. BISCAYNE BLVD., SUITE 3250 DATE 1. Lawrence Bieler 1. Lawrenc	City & State	City & State		(6-742044 Not Applicable
AMADO ARGOTE 2941 SW 107 COURT MIAMI, FLORIDA 33165 TWO S. BISCAYNE BLVD., SUITE 3250 City MIAMI FL			Country	5. Certificate of Status Desired Fee Required
AMADO ARGOTE 2941 SW 107 COURT MIAMI, FLORIDA 33165 TWO S. BISCAYNE BLVD., SUITE 3250 City MIAMI 8. The above named entity submits little statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Lawrence Bieler Lawrence B	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
8. The above named entity submits this patient for the purpose of changing its registered office or registered agent, or both, in the State of Florids. SIGNATURE Lawrence Bieler	AMADO ARGOTE			
8. The above named entity submits file glatement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature	MIAMI, FLORIDA 33165		City	Zip Code
SIGNATURE Lawrence Bieler Minor Mino			MI MI	AMI
TITLE NAME AMADO ARGOTE 2941 SW 107 COURT STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADD	9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	FILE NOW!	Registered Agent signature rec II FEE IS \$150.00 00 Fee Will be \$550.0	DATE 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
AMADO ARGOTE SIRET ADDRESS CITY-ST-ZIP MIAMI, FLORIDA 33165 Delete	11. OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
MIAMT, FLORIDA 33165 Oelete	NAME AMADO ARGOTE STREET ADDRESS 2941 SW 107 COUR		NAME STREET ADDRESS 7	ERNARD BIELER 490 NW 48 STREET
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STR	MIAMI, PLORIDA		TITLE V NAME V STREET ADDRESS	ICE PRESIDENT X Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP Addition STREET ADDRESS CITY-ST-ZIP Addition STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-S	THILE	☐ Delete	THEE M.	IAMI, FLORIDA 33166 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL THE Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all place tike empowered.	CITY-ST-ZIP	<u> </u>	CHY-ST-ZIP	4000034925642 -12/11/0001022015
NAME STREET ADDRESS CRTY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CRTY-ST-ZIP Delete TITLE NAME STREET ADDRESS CRTY-ST-ZIP TITLE NAME STREET ADDRESS CRTY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS	∟ Delete	NAME STREET ADDRESS	本本本本の1°C2 ○ 本本本本の1°C3 ○ 本本本本の1°C3 ○ (A. A. A
ITILE NAME SIRECT ADDRESS CITY-SI-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS	☐ Delete	HAME STREET ADDRESS	☐ Change ☐ Addition
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THE RESIDENCE OF THE PARTY OF T	 Thereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emp- changed, or on an attachment with an address. 	s true and accurate and that report overset to execute this report with all other like empowered.	the exemption stated in the exemption stated in the state of the state	the same legal effect as it made under oath; that it am an officer of officer of 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if

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