that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: THIERRY DEVOVE

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR **DEVOVE. THIERRY** 1071 NE 43RD STREET City-State-Zip: OAKLAND PARK FL 33334

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000449238

Entity Name: EVANS ROOFING OF SOUTHWEST FLORIDA LLC

Current Principal Place of Business:

1071 NE 43RD STREET OAKLAND PARK, FL 33334

Current Mailing Address:

1071 NE 43RD STREET OAKLAND PARK. FL 33334

FEI Number: 92-0766147

Name and Address of Current Registered Agent:

FREDERIC BARTHE PA 17 SE 24TH AVE 2ND FLOOR POMPANO BEACH, FL 33062 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Name Address

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

PRESIDENT

01/26/2023 Date

FILED Jan 26, 2023 Secretary of State 7060880221CC

Certificate of Status Desired: No

Date