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 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
above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH WAYNE DAY

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F9500000311

Entity Name: 31-W INSULATION CO., INC.

### **Current Principal Place of Business:**

7434 CYCLE LANE GOODLETTSVILLE, TN 37072

## **Current Mailing Address:**

7434 CYCLE LANE GOODLETTSVILLE, TN 37072

# FEI Number: 62-1037670

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

OWNBEY, EDWIN 429 COPELAND ST JACKSONVILLE, FL 32204 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:

Officer/Director Detail :				
Title	P	Title	ST	
Name	DAY, KENNETH W	Name	DAY, JEAN	
Address	7434 CYCLE LANE	Address	7434 CYCLE LANE	
City-State-Zip:	GOODLETTSVILLE TN 37072	City-State-Zip:	GOODLETTSVILLE TN 37072	

PRESIDENT

03/30/2020

FILED Mar 30, 2020 Secretary of State 1506792340CC

Date

Certificate of Status Desired: No

Date