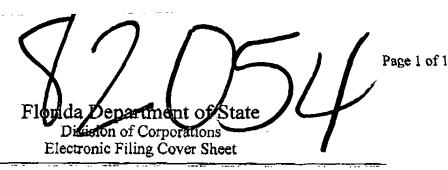
Division of Corporations



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.

(((H120000344003)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE FLORIDA MADE DOOR CO.

Certificate of Status	0
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KUT CORPORATION

COVER LETTER

TO: Amendm Division	ent Section of Corporations					
SUBJECT:	FLORIDA MADE	DOOR CO.				
	Name of Corporation					
DOCUMENT N	IMENT NUMBER:					
The enclosed State	ement of Change of Registered Offic	cs/Agent and fee are submitted for filing.				
Please return all co	orrespondence concerning this matte	er to the following:				
	Name of Co	entact Person				
Firm/Company						
Address						
	- Carristoia a	nd Zip Code				
	rtinsley@ma	-				
_	E-mail address: (to be used for f					
	•					
For further informs	tion concerning this matter, please o	eali:				
		at ()				
Nan	to of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00	0 check made payable to the Depart	ment 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				
CR2B045 (8/05)						

2609889998 10:91 2102/80/20

71.006 - 07/23/2009 C T System Online

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

Eursuant to the provisions of sections of sections of statement of change is submitted for a c	orporation organi	zed under the laws of the Sta	te of <u>Florida</u>
in order to change its registere	_	•	e of Florida.
1. The name of the corporation: FLORID	A MADE DOOR (.0.	
2. The principal office andress: ONE TA	MPA CITY CENT	BR, 201 N. FRANKLIN ST.,	SUITE 300, TAMPA, FL 336
3. The mailing address (if different): ON TAMPA, FL 33602	e tampa ctiy c	ENTER, 201 N. FRANKLIN	ST., SUITE 300,
4. Date of incorporation/qualification:	12/10/1954	Document number:	182054
The name and street address of the cur Florida Department of State: (If resign			le with the
CORPORATION SERV	ICE COMPANY		
1201 HAYS STREET			75
TALLAHASSEB, FL 32	301		FEB
6. The name and street address of the new (if changed):	v registered agent	(if changed) and /or registere	d office
C 7 Corporation System		····	,
c/o C T Corporation Syst	em, 1200 South Pin	e Island Road	
Plantation, Plorida 33324	P.O. Box, NOT a	cooptable	
The street address of its registered office as changed will be identical.	e and the street ad	dress of the business office	of its registered agent,
Such change was authorized by resolution authorized by the board, or the corporation	on duly adopted h ion has been notif	y its board of directors or b ied in writing of the change	y an officer so
Melihra		Melvin Maldonado, '	
I hereby accept the appointment as regis I hereby accept the appointment as regis I further agree to comply with the provis of my duties, and I am familiar with and document is being filed mereby to reflect corporation has been notified in writing	stered agent and a stons of all statute accept the obliga a change in the r of this change.	Finter or typed numb agree to act in this capacity is relative to the proper and stion of my position as regis agistered office address, I h	
By: CT Corporation System	·····	2/6/2012	
Signature of Macratored Apena		Date	
If signing on behalf of an entity: Kristin Bolden Assistant Secretary Assistant Secretary			
* *	* FILING FEE:	\$35.00 * * *	
MAKE CHECKS PA MAIL TO: DIVISION OF COR CR2E045 (8/05)	Yable to Flori Porations, P.O.	da Department op State Box 6327, Tallahasser,	FL 32314

05/08/2015 12:01 8626336092

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