F05000005192

(Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone) #)
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

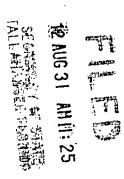
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T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: WINDOW SPECIALIST, INC.

Name of Corporation

DOCUMENT NUMBER: F05000005192

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JODY CROWLEY

Name of Contact Person

CORPORATE SERVICE BUREAU INC.

Firm/Company

283 WASHINGTON AVENUE

Address

ALBANY/NY 12206

City/State and Zip Code

jvc@corporatebureau.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JODY CROWLEY

.518 ,463-8

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617. statement of change is submitted for a corporation organized under the laws of		
in order to change its registered office or registered agent, or both, in		
1. The name of the corporation: WINDOW SPECIALIST, INC.		
2. The principal office address: 188 ERIE AVE. LANCASTER NY 14086		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 09/07/2005 Document num	nber: F05000005192	
5. The name and street address of the current registered agent and registered of Florida Department of State: (If resigned, enter resigned)	ffice on file with the	
CORPORATE SERVICE BUREAU INC.		
515 EAST PARK AVE.		
TALLAHASSEE FL 32301		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
CORPORATE SERVICE BUREAU INC.		
1540 GLENWAY DRIVE		
P.O. Box NOT acceptable TALLAHASSEE FL 32301		
TALLAHASSEE FL S2301		
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.		
Such change was authorized by resolution duly adopted by its board of direct authorized by the board, or the corporation has been notified in writing of the	ctors or by an officer so the change.	
Multiplication of an officer of the rector Mark	Nowak, President	
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the preformance of my duties, and I am familiar with and accept the obligation agent. Or, if this document is being filed merely to reflect a change in the rhereby confirm that the corporation has been notified in writing of this change.	capacity. roper and complete of my position as registered egislered office address, I nge.	
Signature of Kegistered Agent 8/28	Date	
If signing on behalf of an entity:		
Scott Schuster Pres. Typed or Printed Name		

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