## F10000005551

(R	requestor's Name)	
	ddress)	<del></del>
(A	ouress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
<u> </u>	_	_
(B	Business Entity Name)	
(U	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to F	ilina Officer:	
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Office Use Only



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2022 HAR I I AH II: 30 2022 MAR I I AH 7: 57

O SIMMON'S

CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I20	000000	195
REFERENCE	: 530	146	8369143
AUTHORIZATION	: Linu	isole	man
COST LIMIT	: (\$\frac{1}{2}\)	5.00	
ORDER DATE : March 7, 2022			
ORDER TIME : 9:09 AM			
ORDER NO. : 530146-027			
CUSTOMER NO: 8369143			
		<b>-</b>	
CHANGE OF A	<u>GENT</u>		
NAME: WINDOW WORLD,	TNC		
MAILE WARDON NORED,	1110.		
PLEASE RETURN THE FOLLOWING AS	PROOF (	OF FILE	[NG:
CERTIFIED COPY			
XX PLAIN STAMPED COPY			
CONTACT PERSON: Alexxis Weila	nd		

EXAMINER'S INITIALS:

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

	•	7.0502, 607.1508, or 617.1508, Florida Statut organized under the laws of the State of Nort	•		
		registered agent, or both, in the State of Floria			
1. The name of t	the corporation: WINDOW WORLD	O OF NORTH CAROLINA, INC.			
	office address: 118 Shaver Street,				
3. The mailing a	ddress (if different):				
4. Date of incorp	rporation/qualification: 12/17/2010 Document number: F10000005551				
	d street address of the current register trment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)			
	NRAI Services, Inc		2022 SE(		
	1200 South Pine Island Road		2022 HAR SECRE N		
	Plantation	FL 33324	ـــــــــــــــــــــــــــــــــــــ		
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	X G SIN		
	Corporation Service Company		· 15		
	1201 Hays Street				
	F	P.O. Box NOT acceptable			
	Tallahassee	FL 32301			
		street address of the business office of its reg			
authorized by the	is authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of directors or by an offic en notified in writing of the change.	er so		
Xi	e E agni	Jill Cilmi, Vice President			
I hereby accept I further agree to of my duties, an document is beit corporation has Corporation	the appointment as registered age to comply with the provisions of all a lam familiar with and accept the filed merely to reflect a change been notified in writing of this change to Service Company	Printed or typed name and title int and agree to act in this capacity. It statutes relative to the proper and complete e obligation of my position as registered age in the registered office address, I hereby coi ange.	performance nt. Or, if this nfirm that the		
By:	i, M Lei	03/11/2022			
	nature of Registered Agent	Date			
If signing on bel	half of an entity:				
	Asst. Vice President				
Ту	ped or Printed Name				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)