F63996

SUN CONTROL ALUMINUM All types of Aluminum Work + State Certified General Contractor Room Additions + Kitchens + Bathrooms + Screens, Glass & Vinyl Enclosures Painting + Hurricane Protection + Serving Lee, Collier, Charlotte Counties 4424 Del Prado Blvd. * Cape Coral, FL 33904 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ___ Certificates of Status_ Special Instructions to Filing Officer:

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

Pursuant to the provisions of sections 60/.0302, 61/.0302, 60/.1308, or 61/.1308, Florida Statutes, the
undersigned corporation organized under the laws of the State ofF_A.
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation Sur Out to HUM WILLIA (b)
Remodeling Co. trac.
2. The mailing address of the corporation: 4424 Del Wash 61161.
Cape (oral, 71. 33904
3. Date of incorporation/qualification: \(\sum \text{2000} \text{3} \), \(\text{180} \) Document number: \(\frac{599}{6} \)
4. The name and address of the current registered agent and registered office:
Harold Soctor
1800 Cio Vista
Et. M. reds 41. 33901 = = 1
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
Harold Toodor
GUBY DOL GLOW BUY
Cale Co101 - F1. 33904
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 directors or by an officer so authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
PRISIDENT HAROLD SPECTUR (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Harl Months (Signature of Registered Agent) (Date)
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

DIVISION OF CORPORATIONS