

P05000127689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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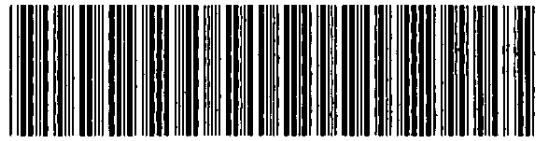
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HDO GLASS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000127689

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:

JOHN M. RODRIGUEZ  
(Name of Contact Person)

LAW OFFICES OF JOHN M. RODRIGUEZ  
(Firm/Company)

7600 W. 20TH AVE SUITE 220  
(Address)

HIALEAH, FLORIDA 33016  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN M. RODRIGUEZ at ( 305 ) 821-5450  
(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

