

P07000011265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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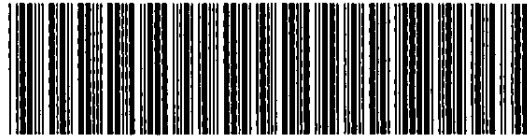
(Business Entity Name)

(Document Number)

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AUG 15 2012

C. MUSTAIN

*Handwritten signature*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALUMINUM EXTRUSION SUPPLY, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P07000011265

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:

Kim Stanfield  
Name of Contact Person  
The Hogan Law Firm  
Firm/Company  
20 So. Broad Street  
Address  
Brooksville, FL 34601  
City/State and Zip Code  
kstanfield@hoganlawfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Stanfield at ( 352 ) 799-8423  
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 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALUMINUM EXTRUSION SUPPLY, INC.
2. The principal office address: 400 COVERIDGE CT., LONGWOOD, FL 32779 US
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/24/2007 Document number: P07000011265

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

FINK, ROBERT JR.  
400 COVERIDGE CT.  
LONGWOOD FL 32779 US

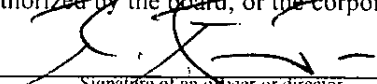
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

THE HOGAN LAW FIRM, LLC  
20 SO. BROAD STREET  
P.O. Box NOT acceptable  
BROOKSVILLE, FL 34601

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, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Robert Fink, Jr., Director  
\_\_\_\_\_  
Printed or typed name and title

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

04/19/2012  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Deborah Hogan, Manager  
\_\_\_\_\_  
Typed or Printed Name

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