

PO0000000841

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

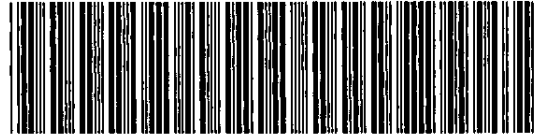
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/29/12--01005--029 \*\*35.00

RA  
Change  
[Signature]

FILED  
2012 MAY 29 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALUMI-GUARD, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P00000000841

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: ALUMI-GUARD, INC.
2. The principal office address: 2401 CORPORATE BLVD., BROOKSVILLE, FL 34604
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/04/2000 Document number: P00000000841
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)

WOODARD, WILLIAM M.

5400 BELLVIEW AVE.

NEW PORT RICHEY, FL 34652 US

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.

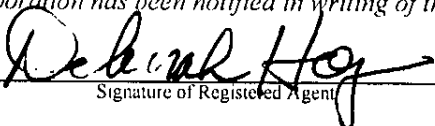


Signature of an officer or director

William M. Woodard, 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 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 29 AM 9:48

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