Division of Corporations **Electronic Filing Cover Sheet** 

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(((H13000246382 3)))

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SPIEGEL & UTRERA, P.A.

Account Number : FCA000000001

Fax Number

Phone : (305)854-6000 : (305)860-2076

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:

## REGISTERED AGENT CHANGE OLYMPS DOOR USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

## H1300024628223 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: Olymps Door USA, Inc.	
2. The principal office address: 1907 Elmwood Avenue Tampa, Florida 33605	
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 04/17/1997 Document number: P97000034488	
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)	
Spiegel & Utrera, P.A.	
343 Almeria Avenue	
Coral Gables, Florida 33134	
6. The name and street address of the new registered agent (if changed) and /or registered office	<b>T</b>
Spiegel & Utrera, P.A.	٦
1840 Coral Way, 4th Floor	C
P.O. Box NOT scorptable  Miami, Florida 33145	
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.	
Josef Kosut, President	
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 staffles 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 fled merely to deflect according the registered office address, I hereby confirm that the corporation has then notified in which you this change.	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Spiegel & Utrera, P.A.  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 (03/12)