

2230910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

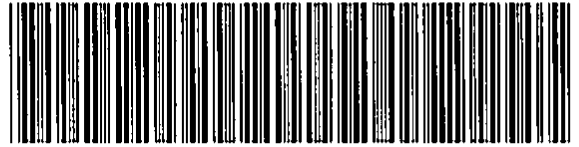
(Business Entity Name)

(Document Number)

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2018 OCT 18 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FL

*flachy*

R. WHITE

OCT 25 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SEMINOLE GLASS & MIRROR COMPANY, INC.  
Name of Corporation

DOCUMENT NUMBER: 223090

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:

MICHAEL FILIPPONE  
Name of Contact Person

SEMINOLE GLASS & MIRROR COMPANY, INC.  
Firm/Company

1101 N. SWINTON AVE  
Address

DELRAY BEACH FL 33444  
City/State and Zip Code

MIKE FILI @ AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL FILIPPONE at (954) 214 2011  
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: SEMINOLE GLASS & MIRROR COMPANY, INC.
2. The principal office address: 2150 N. ANDREWS AVE EXT  
POMPANO BEACH FL 33069
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 06/01/1959 Document number: 223090

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)

MICHAEL FILIPPONE  
2150 N. ANDREWS AVE. EXT  
POMPANO BEACH FL 33069

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

MICHAEL FILIPPONE  
1101 N. SWINTON AVE  
DELRAY BEACH FL 33444

P.O. Box NOT acceptable

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.

Michael Filippone  
Signature of an officer or director

MICHAEL FILIPPONE PRESIDENT  
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.

Michael Filippone  
Signature of Registered Agent

OCT 15 2018  
Date

If signing on behalf of an entity:

MICHAEL FILIPPONE  
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)

2018 OCT 18 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

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