

2230910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

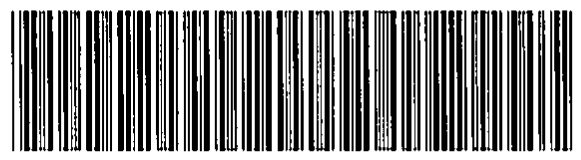
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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 FILIPPONP
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 FILIPPONP 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

SECRETARY OF STATE
TALLAHASSEE, FL

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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
P.O. Box NOT acceptable
DELRAY BEACH FL 33444

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