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4/13/22, 9:27 AM

435459

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2022-04-13 09:32:38 EDT

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From: Tara Miller

Division of Corporations

Florida Department of State
Division of Corporations
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To:
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From:
Account Name : DUANE MORRIS LLP
Account Number : I19990000059
Phone : (305)960-2217
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Email Address: MXVazquez@DuaneMorris.com

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SECRETARY OF STATE
TALLAHASSEE, FL

REGISTERED AGENT CHANGE
TOLEDO DOORS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

A. RAMSEY
APR 14 2022

H22000134028

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: Toledo Doors, Inc.
 2. The principal office address: 4710 NW 37 Ave, Miami, FL 33142

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/13/1973 Document number: 435459

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)

Corporation Company of Miami

200 S Biscayne Blvd, Suite 4100 (HEP)

Miami, FL 33131

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

Harold E. Patricoff

201 S Biscayne Boulevard, Suite 3400

P.O. Box NOT acceptable

Miami, FL 33131-5894

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

Bryan Suarez
 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

4-1-22
 Date

If signing on behalf of an entity:

 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 (04/13)

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