

F05000005192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

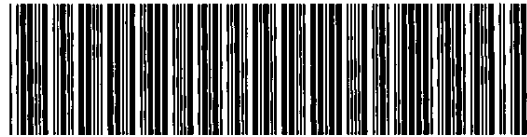
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALL 2012

SEP 05 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WINDOW SPECIALIST, INC.

Name of Corporation

DOCUMENT NUMBER: F05000005192

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:

JODY CROWLEY

Name of Contact Person

CORPORATE SERVICE BUREAU INC.

Firm/Company

283 WASHINGTON AVENUE

Address

ALBANY/NY 12206

City/State and Zip Code

jvc@corporatebureau.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JODY CROWLEY

Name of Contact Person

at 518 463-8550

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 NEW YORK in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WINDOW SPECIALIST, INC.
2. The principal office address: 188 ERIE AVE.
LANCASTER NY 14086
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/07/2005 Document number: F05000005192
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)

CORPORATE SERVICE BUREAU INC.

515 EAST PARK AVE.

TALLAHASSEE FL 32301

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

CORPORATE SERVICE BUREAU INC.

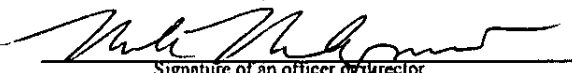
1540 GLENWAY DRIVE

P.O. Box NOT acceptable

TALLAHASSEE FL 32301

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

Mark Nowak, 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.


Signature of Registered Agent

8/28/12
Date

If signing on behalf of an entity:

Scott Schuster, Pres.
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *