

701000001120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

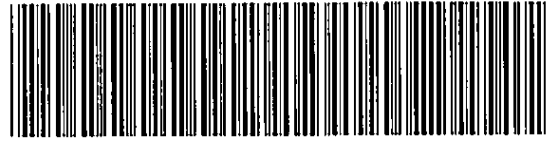
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

OCT 27 2023

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CGI Windows & Doors, Inc.

Name of Corporation

DOCUMENT NUMBER: F0700000120

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan Quinn

Name of Contact Person

PGT Innovations, Inc

Firm/Company

1070 Technology Dr

Address

Nokomis, FL 34275

City/State and Zip Code

rquinn@pgtinnovations.com

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

For further information concerning this matter, please call:

Ryan Quinn

at ( 941 ) 480-1600

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 SECRETARY OF STATE  
 TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 25, 2023

RYAN QUINN  
1070 TECHNOLOGY DR  
NOKOMIS, FL 34275

SUBJECT: CGI WINDOWS AND DOORS, INC.  
Ref. Number: F07000001120

We have received your document for CGI WINDOWS AND DOORS, INC. and your check(s) totaling \$170.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The affidavit by foreign corporation to change/add officers or directors can only be file the first calendar year of qualification.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 923A00012009

PROFIT CORPORATION  
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I  
(1-3 MUST BE COMPLETED)

F07000001120

(Document number of corporation (if known))

1. CGI Windows and Doors, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 02/27/2007

(Date authorized to do business in Florida)

SECTION II

(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


\_\_\_\_\_  
Signature of New Registered Agent, if changing

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TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Daryl Hendricks		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Controller	Kevin Huber		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
CFO	Brad West		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
CFO	Craig Henderson	1070 Technology Dr	<input checked="" type="checkbox"/> Add
		Nokomis, FL 34275	<input type="checkbox"/> Remove
Secretary	Ryan Quinn	1070 Technology Dr	<input checked="" type="checkbox"/> Add
		Nokomis, FL 34275	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Ryan S. Quinn

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Treasurer	Bruce Wacker	1070 Technology Dr	<input checked="" type="checkbox"/> Add
		Nokomis, FL 34275	<input type="checkbox"/> Remove
President	Eric Kowalewski	1070 Technology Dr.	<input checked="" type="checkbox"/> Add
		Nokomis, FL 34275	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Ryan S. Quinn

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00