

F1100000 5025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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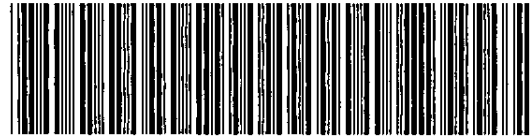
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Storm Solutions of CT, Inc  
Name of Corporation

DOCUMENT NUMBER: F11000005025

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:

Burton G. Tremaine III  
Name of Contact Person

Storm Solutions of CT, Inc.  
Firm/Company

569 NW Mercantile Place  
Address

Port St Lucie FL 34986  
City/State and Zip Code

office@stormsolutionsusa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Burton G. Tremaine III at 772, 3402008  
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 CT in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Storm Solutions of CT, Inc.
2. The principal office address: 105 N Main Street  
Essex, CT 06426
3. The mailing address (if different): 569 NW Mercantile Place  
Port St Lucie FL 34986
4. Date of incorporation/qualification: 10/2008 Document number: \_\_\_\_\_
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)

Barbara Whanger  
4372-2 N US 1  
Vero Beach, FL 32967

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

Deborah Hawkins  
569 NW Mercantile Place  
Port St Lucie FL 34986

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.

B. J. Tremaine  
Signature of an officer or director

Burton G Tremaine III  
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.

Deborah Hawkins  
Signature of Registered Agent

8/5/13  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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