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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

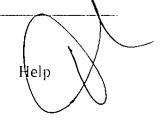
 MUVACUS.		 	 	

## COR AMND/RESTATE/CORRECT OR O/D RESIGN TV GLASS CORP

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8/27/2024 11:52:06 PDT · To: 18506176380 Page: 2/4 Fax: 8134365206

## 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)

F2400000	4209	
	(Document number of corporation (if known)	
TV GLASS CORP		
(Name of corpo	ration as it appears on the records of the Department of Sta	le)
Delaware	08/09/202 <b>4</b>	
(Incorporated under laws		usiness in Florida)
	SECTION II	
(4-7 CO)	MPLETE ONLY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the cor	rporation, when was the change effected under the laws of i	as jurisdiction of
		•
	dding suffix "corporation," "company," or "incorporated,"	<b>024</b> SEC
5. (Name of corporation after the amendment, a	dding suffix "corporation," "company," or "incorporated,"	or appropriate appreviation.
not contained in new name of the corporation		≥ N ===
(If new name is unavailable in Florida, enter a	ilternate corporate name adopted for the purpose of transact	ing business in prida
6. If the amendment changes the period of c	duration, indicate new period of duration.	e e e
	(New duration)	
7. If the amendment changes the jurisdictio	on of incorporation, indicate new jurisdiction.	
	(New jurisdiction)	-
	(New jurisdiction)	
S. If amonding the registered agent and/or re	gistered office address in Florida, enter the name of the	
new registered agent and/or the new regist		-
Name of New Registered Agent		
State of New Registered Agent		
	(Florida street address)	<del></del>
New Registered Office Address:	(City) Florida	(Zin Coda)
	,	τωρ ευπεί
New Registered Agent's Signature, if char	i <mark>ging Registered Agent:</mark> Lagent Lam familiar with and accept the obligations of to	ha navitina
т полену иссерстве арринители актевичетев	eagent. I am jaminar with and accept the obligations of h	е рознат.
Signature of New Registero	ed Agant if changing	
ogname of New Registere	a agent, y changing	

Change mailing address:

15701 Collins Avenue, Unidad 1202 Sunny Isles Beach, FL 33160

DZ4 AUG 27 AM 10: 4

Alonso Riestra

(Typed or printed name of person signing)

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

Title/ Capacity	Name	<u>Address</u>	Type of Action
D.P	RIESTRA, JOSE	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	
S.T	CURIEL, ALEJANDRO	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	
·	RIESTRA, ALONSO	7901 4TH ST N STE 300	<b>⊠</b> Add
		ST. PETERSBURG, FL 33702	
′P	RIESTRA, JOSE A.	7901 4TH ST N STE 300	⊠Add
		ST. PETERSBURG, FL 33702	Remove
FO	CURIEL. ALEJANDRO	7901 4TH ST N STE 300	⊠Add
		ST. PETERSBURG, FL 33702	

FILING FEE \$35.00

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

President

(Title of person signing)