F96000005944

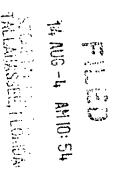
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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AUG 1 4 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: WILLET HAUSER ARCHITECTURAL GLASS, INC.

Name of Corporation

NOCUMENT NUMBER, F96000005944

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:

VALERIE RODRIGUEZ

Name of Contact Person

PARACORP INCORPORATED

Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

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

For further information concerning this matter, please call:

VALERIE RODRIGUEZ

, 800 (

533-7272

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

4	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi			
•	er to change its registered office or registe	<u> </u>		
l. The name of t	the corporation: WILLET HAUSER	ARCHITECTURAL GLASS	S, INC.	
	office address: 1685 WILKIE DRIV			
·				
3. The mailing a	address (if different):			
4. Date of incorp	rporation/qualification: 11/13/1996	Document number: F960000	005944	
	d street address of the current registered agartement of State: (If resigned, enter resigned		the	
	BUSINESS FILINGS INCORE	PORATED		
	515 E. PARK AVENUE			
	TALLAHASSEE, FL 32301			
6. The name and (if changed):	nd street address of the new registered agen	nt (if changed) and /or registered offic	TA AU	est,
	Paracorp Incorporated		1	Emerican Principal
	236 East 6th Avenue	acceptable	Trans.	gran g B gran
	P.O Box NOT Tallahassee, FL 32303	acceptable		1
			15 T	
The street addre as changed will	ress of its registered office and the street all be identical.	address of the business office of its r	registered agent	ι,
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an of iffied in writing of the change.	ficer so	
DV.	ture of an officer or director	John D. Phillips pres	.dunt	
,		Trinca or typea name and one		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	of the appointment as registered agent and to comply with the provisions of all state of my duties, and I am familiar with and a his document is being filed merely to reflect that the corporation has been notified in	I agree to act in this capacity, the relative to the proper and complecept the obligation of my position are a change in the registered office as writing of this change.	lete 1s registered address, I	
Stravon	Corre gnature of Registered Agent	7-29-14 Date		
Sig	gnature of Registered Agent	Date		
If signing on be	ehalf of an entity:			
	ooke, Asst Secretary			
Т	Typed or Printed Name	E. #25 00 ÷ * *		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)