

G61367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500213352815

10/31/11--01007--015 \*\*35.00

FILED  
CLERK OF COURT  
DIVISION OF CORPORATE  
11 OCT 31 PM 1:17

*R.H. Chg.*

C.COULLIETTE

NOV 01 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Metropolitan Glass Systems, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** G61367

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:

Timothy Woods  
Name of Contact Person

Metropolitan Glass Systems, Inc.  
Firm/Company

3637 Berger Road  
Address

Lutz, FL 33549  
City/State and Zip Code

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

For further information concerning this matter, please call:

Tim Woods at ( 813 ) 908-5390  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Metropolitan Glass Systems, Inc.  
2. The principal office address: 407 N. 56th Street, Tampa, FL33610

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9/ 27/1983 Document number: G61367

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)

James R. Woods Resigned  
17003 Winners Circle  
Odessa, FL 33556

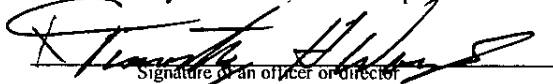
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Timothy Woods  
3637 Berger Road  
Lutz, FL 33549

P.O. Box NOT acceptable

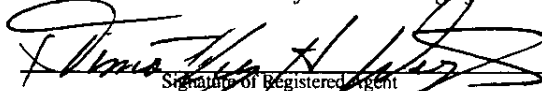
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

Timothy Woods  
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

X 10-25-11  
Date

If signing on behalf of an entity:

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

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 31 PM 1:17