

H 24306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

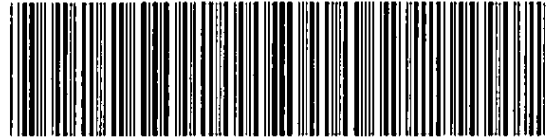
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700420923567

12/28/23--01005--016 **35.00

RECEIVED BY FILING OFFICE
FEB 01 2024

2023 DEC 28 PM 12:27

FILED

Ra Change

FEB 01 2024

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORNERSTONE BUILDING COMPANY, INC
Name of Corporation

DOCUMENT NUMBER: H24306

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:

CHARLES D SMITH

Name of Contact Person

CORNERSTONE BUILDING COMPANY

Firm/Company

725 DUNLAWTON AVE, #290598

Address

PORT ORANGE, FL 32129

City/State and Zip Code

info@cornerstonebuildingcompany.com

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

For further information concerning this matter, please call:

CHARLES D SMITH

Name of Contact Person

at (407) 509-5056

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2009 DEC 28 PM 12:27
DEPARTMENT OF STATE
TALLAHASSEE, FL

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: CORNERSTONE BUILDING COMPANY, INC
2. The principal office address: 4641 SOUTH ATLANTIC AVENUE, UNIT 102, PONCE INLET, FL 32127
3. The mailing address (if different): 728 DUNLAWTON AVE #290598, PORT ORANGE, FL 32129
4. Date of incorporation/qualification: 10-15-1984 Document number: H24306
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)

CHARLES D SMITH

920 Wekiva Springs Road #916297

Longwood, FL 32791

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

4641 S ATLANTIC AVE, UNIT 102

P.O. Box NOT acceptable

PONCE INLET, FL 32127

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

CHARLES D SMITH

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

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 (04/13)

SECRET
NO FORN DISSEM

2023 DEC 28 PM 12:27

FILED