5/20/24, 2:35 PM

Division of Corporations



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 15

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: Eco Window Syste	ems, LL0	C.		
2. (1070 Technology Drive	(b) 1070 Technology Drive			
,	-, .	Principal office address of limited liability company: (Note: MUSTBE STREET ADDRESS)	- ''	·).		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Venice, FL 34275	_	-	Venice, FL 34275	
		01/14/2009	_	į.	.090000042	197
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	CORPORATION SERVICE COMPANY				
, ,	. ,	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	he Florida	a E	Oept. of State	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
(b)		TALLAHASSEE ,FL	32301-2	52	5	
	b)	C T Corporation System			<i>5</i> 3	
	Ο,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			2024 1137	
						. 1, 50
		NEW Registered Office Address:				
		1200 South Pine Island Road				PH 12:
						.;
		Plantation , FL	33324) g:-
the eager	chai it w /we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regineral the high the hig	sto on oit	ered office pany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Fahret			Rob	XII	Reed	
"Si	gnat	are of a member or authorized representative of a member				Printed or typed name of signee
prov the to to m noti	visio obli iere	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the composition of this change. CT Corporation System	e to ac perform I for in v ereby co	t ii iai C.E on	n this cape ice of my a apter 605 firm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been
By: Sign	atui	e of Registered Agent SEAN LEMERICK, ASSISTANT SECRETARY				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00