

L10000056117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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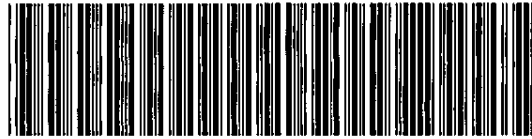
(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
APR 20 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Statewide Windows Doors & Glass
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erik Franimakis
Name of Person

Statewide Windows Doors & Glass
Firm/Company

28400 Old 41 Rd Ste 5
Address

Bonita Springs FL 34135
City/State and Zip Code

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

For further information concerning this matter, please call:

Antoni Franimakis at (239) 431-7904
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: Statewide Windows Doors & Glass

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

28400 Old 41 Rd Ste 5
Bonita Springs FL 34135

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

January 5th 2011
3. Date of filing/registration in Florida

L10000056117
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Erik Fronimakis

Registered Office Address:

24700 Carnoustie Ct
Bonita Springs FL
34135

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Antonis Fronimakis

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

24700 Carnoustie Ct
Bonita Springs FL 34135

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Antonis Fronimakis
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

12 APR 19 46
TALLAHASSEE
FLORIDA