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T. BROWN

COVER LETTER

Division of Corporations		
SUBJECT: STORM ZONE WINDOWS + DOORS LLC		
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:		
RONALD VOLK Name of Person		
STORM ZONE WINDOWS + DOORS Firm/Company		
9100 W BAY Harbon DR 7AE		
Bay Horbor Islands Fl 33154 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
RONALD VOLK at (305) 962-2545		
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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

TO: Registration Section

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:	ONE WINDOWS + DOORS, LLC	
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 1/41 71 st St MEMI BLACH FI 33141	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1141 715± 57 MIRMI BEACH, FT 33141	
7 19 2012 3. Date of filing/registration in Florida	L12000094340 20 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Allen Perl	
Registered Office Address:	1 Harbour Way #3007	
	Bel Harbour Fl 33159	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	RONALD VOLK	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1141 71st st	
12.202	MIAMI BEACH ,FL 33141	
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		
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pachapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company of the confirmation of the company of the company of the confirmation of the company of the compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, stitus as provided for in erely reflect a change in the registered office by has been notified in writing of this change.	

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

INHS18 (05/08)