## L15000203260

(Requestor's Name)						
<b>7.11</b>						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJ Name	ECT: Mr-Glass Doors & Windows Manufactor Corporation	cturing. LLC	
DOC	UMENT NUMBER: L15000203260	48.5.45.	
The er	nclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.	
Please	e return all correspondence concerning th	nis matter to the following:	
Jeanet	te Escudero		
Name	of Contact Person		
Mr-Gl	ass Doors & Windows Manufacturing, LLC		
Firm/0	Company		
80513	NW 79th Place		
Addre	ess		
Medle	y, Florida 33166		
City/S	State and Zip Code		
E-ma	il address: (to be used for future annu	nal report notification)	
For fu	urther information concerning this matter.	; please call:	
Ulises	Senaris	31 (305 ) 764-3963	
	Name of Contact Person	at (305 )764-3963 Area Code & Daytime Telephone Numbe	r
Enclo	sed is a \$35.00 check made payable to th	ne Department of State.	
	Mailing Address:	Street Address:	
	Mailing Address: Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/E3)

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cl	ange is submitted for a corpor	ation organiz	607.1508, or 617.1508, Florida ed under the laws of the State of ed agent, or both, in the State of i	Florida			
1. The name of	the corporation: Mr-Glass Do	ors & Window	s Manufacturing, LLC				
	office address: 8051 NW 79 P						
3. The mailing	address (if different): SAME						
		2015	Document number: L150002	03260			
	nd street address of the current artment of State: (If resigned, e		ent and registered office on tile w )	ith the			
	Daniel R. Vega, Esq.			_			
	201 Alhambra Cir STE 801						
	Coral Gables, Fl 33134			_			
6. The name ar (if changed)	•	gistered agent	(if changed) and /or registered of	fice			
	Jeanette Escudero, Esq.			_			
	8051 NW 79 Place						
	Medley, Fl 33166	P.O. Box	NOT acceptable	_			
The street add as changed wi	ress of its registered office an Il be identical.	d the street a	ddress of the business office of i	ts registered agent,			
Such change vauthorized by	vas authorized by resolution of the board, or the corporation	luly adopted l has been noti	by its board of directors or by ar fied in writing of the change.	officer so			
A.	inis		Ulises Senaris, AMBR				
	ture of an officer or director		Printed or typed name and	itle			
Thereby accept further agree of my duties, a document is h carporation in	ot the appointment as register to comply with the provision and I am familiar with and acc eing filed merely to reflect a c as been notified in writing of	ed agent and is of all statut cept the oblig hange in the this change.	agree to act in mis capacity. The relative to the proper and contains of my position as registered registered office address, I here	mplete performance ed agent. Or, if this by confirm that the			
	Agnature of Registered Agent	<u>.)                                    </u>	11-9-202	2			
If signing on t	chalf of an entity:						
	Typed or Printed Name						
	* * *	FILING FEE	E: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E(45 (04/13)