

h21 000034668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

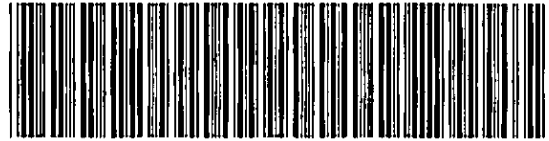
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2022 JUL 25 PM 3:43

cf 8/26/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eaton Windows and 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:

Johnathon Eaton
Name of Person

Eaton Windows and Doors LLC
Firm/Company

645 Enterprise Drive
Address

PORT SAINT LUCIE, FL 34986
City/State and Zip Code

johnathon71@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Eaton at (317) 979-4304
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUL 25 PM 12:57

ST
TALLAHASSEE

June 12, 2022

JOHNATHAN EATON
645 ENTERPRISE DRIVE
SUITE 103
PORT ST LUCIE, FL 34986

SUBJECT: EATON WINDOWS & DOORS LLC
Ref. Number: L21000034668

We have received your document for EATON WINDOWS & DOORS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 922A00013109

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

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. Name of the limited liability company: Easton Windows & Doors LLC

2. (a) Johnathon Easton (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

5899 645 Enterprise Drive
Port Saint Lucie, FL 34986

3. APR 28 1-19-21 4. L21000034668
Date of filing/registration in Florida Document number

5. (a) Johnathon Easton Zen Business, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

645 Enterprise Drive 336 E. College Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Port Saint Lucie, FL 34986 336 Suite 301
Tallahassee, FL 32301

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

645 Enterprise Drive
NEW Registered Office Address:
Port Saint Lucie
Port Saint Lucie, FL 34986

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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] Johnathon Easton
Signature of a member or authorized representative of a member Printed or typed name of signer

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 605, 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]
Signature of Registered Agent