

LS88328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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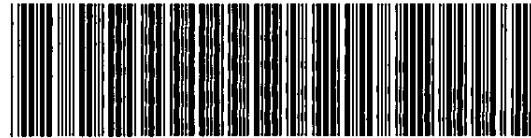
(Business Entity Name)

(Document Number)

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10/21/10--01039--005 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT 21 AM 11:15

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*Handwritten signatures and initials*

16-220

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: S&P ARCHITECTURAL PRODUCTS, INC.
2. The principal office address: N/A
3. The mailing address (if different): PO Box 9670  
CORAL SPRING, FL 33075
4. Date of incorporation/qualification: 1990 Document number: L08328
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PAUL LESTER (Resigned)  
9400 SOUTH DADELAND BLVD  
Suite 600 Miami, FL 33156

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JESSICA FROENDAUM Esq.  
100 SOUTH EAST SECOND ST Floor 4x  
P.O. Box NOT acceptable  
Miami, FL 33131

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

CURTIS P. SUNDAY Pres  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

10-15-10  
Date

If signing on behalf of an entity:

[Signature]  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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