

MO8 000000123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

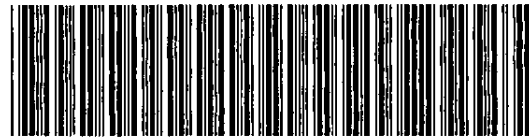
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2013

RYAN BLACK
NRAI CORPORATE SERVICES
200 WEST ADAMS STREET, SUITE 2007
CHICAGO, IL 60606

SUBJECT: INSTALLED SHUTTER PRODUCTS, LLC
Ref. Number: M08000000123

We have received your document for INSTALLED SHUTTER PRODUCTS, 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 registered agent must sign accepting the designation.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 413A00004180

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TALLAHASSEE, FLORIDA

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**NRAI
CORPORATE
SERVICES**

Formerly Premier Corporate Services, Inc.

February 11, 2013

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
PO Box 6327
Tallahassee, FL 32314

Re: Installed Shutter Products, LLC

2013 MAR 26 PM 8 48
SECRETARY OF STATE
TALLAHASSEE, FL 32314

Dear Sir or Madam:

Enclosed are the forms, in duplicate, necessary to change the registered agent and registered office for the above captioned entity, together with a check for the required filing fee.

Please file with your office and return the duplicate copy file stamped as evidence to my attention at the letterhead address.

If you have any questions, please do not hesitate to contact me at rblack@nrai.com or at the number listed below.

Thank you.

Best Regards,

Ryan Black
rb/ms
encl.

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: INSTALLED SHUTTER PRODUCTS, LLC
2. (a) Principal office address of limited liability company: 1661 GLENLAKE AVENUE
(Note: MUST BE STREET ADDRESS) ITASCA, IL 60143
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
- 1/8/2008 M08000000123
3. Date of filing/registration in Florida 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: C T CORPORATION SYSTEM
- Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: NRAI Services, Inc.
- NEW Registered Office Address: 515 East Park Avenue
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

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.

Kathleen Newell
Signature of a member or authorized representative of a member

KATHLEEN NEWELL, AUTHORIZED REPRESENTATIVE
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.

By: NRAI Services, Inc.

Signature of Registered Agent

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