

M22000017971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

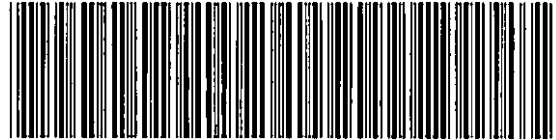
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800416136158

SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS
2023 SEP 26 PM 12:40

RECEIVED
2023 SEP 26 PM 2:35
DIVISION OF CORPORATE FILINGS
TALLAHASSEE, FLORIDA

SEP 26 2023
R. HUNT
09/26/23



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 09/26/23
Order #: 1282406-1
Re: Panoramic Doors, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

Authorization:

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

2023 SEP 26 PM 12:40

Division of Corporations
Tallahassee, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Panoramic Doors LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Parker

Name of Person

Panoramic Doors

Firm/Company

15050 Frye Rd.

Address

Fort Worth, TX 76155

City/State and Zip Code

taxdpt@panoramicdoors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaitlyn Reid

at (713) 4102199

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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

2023 SEP 26 PM 12:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Panoramic Doors, LLC

Enter new principal office address, if applicable: 15050 Frye Rd.

(Principal office address
MUST BE A STREET ADDRESS)

Fort Worth, Tx 76155

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

15050 Frye Rd.

Fort Worth, TX 76155

2. The Florida document number of this limited liability company is: M22000017971

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 12/2/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

2023 SEP 26 PM 12:40

DIVISION OF CORPORATE SERVICES


7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Remove Tower Arch Partners as authorized member & replace with Panoramic Doors Authorized men

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Agent Of Record	Panoramic Doors LLC	15050 Frye Rd.	<input checked="" type="checkbox"/> Add
		Fort Worth, TX 76155	<input type="checkbox"/> Remove
Authorized Agent Of Record	Tower Arch LP	15050 Frye Rd.	<input type="checkbox"/> Add
		Fort Worth, TX 76155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Elizabeth Parker

Typed or printed name of signee

Filing Fee: \$25.00

2023 SEP 26 PM 12:40
DIVISION OF COURT REPORTING
STATE OF TEXAS