MU2602

(Re	questor's Name)							
(Add	dress)							
(Add	dress)							
(City/State/Zip/Phone #)								
PICK-UP	WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificates	s of Status						
Special Instructions to I	Filing Officer:							
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COVER LETTER

TO:	Amendment Section Division of Corporations							
SUBJ	ECT: READY WINDOW SALES A							
DOCI	UMENT NUMBER:	162602						
The er	nclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.						
Please	return all correspondence concerning this matter	to the following:						
	Steven M. Rosen, Esq.							
	Name of Cor	itact Person						
	Law Offices of Stev	en M. Rosen, P.A.						
	Firm/Co							
	5601 Biscayr							
	Add	ess						
	Miami Flor	ida 33137						
	Miami, Florida 33137 City/State and Zip Code							
	Smrlws@	cs com						
	E-mail address: (to be used for fi							
For fu	rther information concerning this matter, please c	all:						
	Steven M. Rosen	305 > 758-3100						
	Name of Contact Person	at (305) 758-3100 Area Code & Daytime Telephone Number						
Enclos	sed is a \$35.00 check made payable to the Depart	ment of State.						
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building						
	Tallahassee, FL 32314	2661 Executive Center Circle						

Tallahassee, FL 32301

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

statement of cha	provisions of sections 60 unge is submitted for a co er to change its registerea	rporation organize	ed under the laws	of the State of F	Florida	_
	the corporation: READ					
2. The principal	office address: 745 WE	EST 18TH STR	EET, HIALEA	H, FLORIDA	33010	
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	11/13/1987	Document nu	mber:	M62602	
	d street address of the cur rtment of State: (If resign			office on file with	h the	
	A&A REGISTERE	O AGENT, INC.	•			
	4551 PONCE DE L	EON BLVD.			_	
	CORAL GABLES,	FL 33146			_	
6. The name and (if changed):	d street address of the nev	v registered agent (if changed) and /	or registered offi	12 JAN	SECRET
	STEVEN M. ROSE	N, ESQ.		_		OF CO
	5601 BISCAYNE B	OULEVARD			PH	RP S
	MIAMI, FLORIDA 3	P.O. Box NOT ac	eceptable		1: 2.2 1: 4.2	NATIONS
The street addr	ess of its registered offic l be identical.	e and the street ad	dress of the busi	ness office of its	s registered age	nt,
1	as authorized by resoluti the board, for the corporat	on duly adopted b ion has been notif	Rugar	~ E JVA	MID A	MS.
I hereby accept I further agree of my duties, an document is be corperation ha	the appointment as regite to comply with the provind I am familiar with and ing filed merely to reflect been notified in writing	stered agent and a sions of all statute d accept the obliga t a change in the r g of this change.				nce his he
If signing on be	ehalf of an entity:		-			
STEV	EN M.R	osen				

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

Typed or Printed Name