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(((H23000039343 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone

: (800)345-4647

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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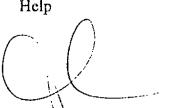
REGISTERED AGENT CHANGE **DUVAL GLASS & MIRROR, INC.**

| Certificate of Status | 0 |
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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 statement of change is submitted for a corporation organized under the lo in order to change its registered office or registered agent, or bo | aws of the State of FLORIDA |
|---|--|
| 1. The name of the corporation: DUVAL GLASS & MIRROR | , INC. |
| 2. The principal office address: 623 WESTBROOK ROAD, JACKS | ONVILLE, FL 32209 |
| 2. The principal office accidess. | |
| 3. The mailing address (if different): | |
| • | t number: M78206 |
| 5. The name and street address of the current registered agent and register Florida Department of State: (If resigned, enter resigned) | |
| DANIEL AKEL | |
| 1 INDEPENDENT DR #2301 | |
| JACKSONVILLE, FL 32202 | 023 J |
| 6. The name and street address of the new registered agent (if changed) at (if changed): | nd/or registered office |
| Capitol Corporate Services, Inc. | SE |
| 515 East Park Avenue 2nd Fl | 변화 8: (|
| P.O. Box NOT acceptable | |
| Tallahassee, FL 32301 | · · · · · · · · · · · · · · · · · · · |
| The street address of its registered office and the street address of the bas changed will be identical. Such change was authorized by resolution duly adopted by its board of authorized by the board, or the corporation has been notified in writing | |
| authorized by the board, or the corporation has been notified in writing | of the change. |
| | own, Director |
| | nted or typed name and bile |
| I hereby accept the appointment as registered agent and agree to act in I further agree to comply with the provisions of all statutes relative to to of my duties, and I am familiar with and accept the obligation of my po document is being filed merely to reflect a change in the registered offi corporation has been notified in writing of this change. | i this capacity, he proper and complete performance isition as registered agent. Or, if this ce address, I hereby confirm that the |
| Bin Parleti | 1/30/2023 |
| Signature of Registered Agent | Date |
| If signing on behalf of an entity: | |
| Brian Redecki, Assistant Secretary on behalf of Capitol Corpora | ite Services, Inc. |
| 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 (04/13)