Posson 75092

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

TO:

TO: Amendment Section Division of Corporations			
SUBJECT: Windguard Roof Coatings, Inc. Name of Corporation			
DOCUMENT NUMBER: P00000075092			
The enclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning the	his matter to the following:		
Martin S Huff			
Name of Contact Person			
Firm/Company			
18681 Belview Drive			
Address			
Cutler Bay, FL 33157			
City/State and Zip Code			
windguardroof@gmail.cor	n		
E-mail address: (to be used for future annu	ual report notification)		
For further information concerning this matter	r, please call:		
Martin S Huff	at (305) 498-9262 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the	he Department of State.		
Mailing Address: Amendment Section	Street Address:		
	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
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Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a	i corporation organize	507.1508, or 617.1508 , Florida 9 ander the laws of the State of 9 dagent, or both, in the State of F	Florida
1. The name of t	he corporation: Wind	lguard Roof Coatings, In	nc.	
2. The principal	office address: 24 Doc	ckside Lane #243 Key I	argo Florida 33037	
3. The mailing a	ddress (if different): _			
4. Date of incorporation/qualification: 08/03/2000 Document number: P00000075092				
5. The name and Florida Depar	I street address of the tment of State: (If res	current registered agei igned, enter resigned)	nt and registered office on file wi	th the
	Martin S Huff			_
	20220 SW 105 AVE			2021
	Miami, FL 33189			THE THE
6. The name and (if changed):	l street address of the	new registered agent (it and registered office on file wi	26 PH
	Martin S Huff	<u> </u>		- 19 5 -
	18681 Belview Drive			7
	Cutler Bay, FL 33157		FT acceptable	-
The street addre	ess of its registered of be identical.	ffice and the street ad	dress of the business office of it	s registered agent,
Such change wa authorized by th	as authorized by resone board, or the corpo	lution duly adopted boration has been notifi-	y its board of directors or by an ed in writing of the change.	officer so
¬'n	renter 5. Hold	P	Martin S Huff, President	
Signatu	re of an officer or director		Printed or typed name and to	tle
I further agrée (of my duties, an document is bei	the appointment as r to comply with the pr d I am familiar with ing filed merely to rej s been notified in writ	ovisions of all statute and accept the obliga- flect a change in the r	gree to act in this capacity. s relative to the proper and con tion of my position as registere egistered office address, I herel	iplete performance dagent. Or, if this by confirm that the
<u></u>	Marth 5 H	7	February 19, 2024	
Sig	nature of Registered Agen	<i>v</i>	Date	
If signing on be	half of an entity:			
	yped 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 5 (04/13)