P0000087158

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	, <u>,,</u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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July 9, 2021

HOT GLASS DESIGN, INC 301 MANOR PLACE CORAL GABLES, FL 33133

SUBJECT: HOT GLASS DESIGN, INC.

Ref. Number: P00000087158

Our records indicate the registered agent for the above named corporation resigned on May 3, 2021 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Shelia S Young Regulatory Specialist III Division of Corporations

Letter number: 221A00015752

Division of Commentions D.O. DOV 6297 Tollahoogoo Elavida 2021

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HOT GIASS DESIGN FIX Name of Corporation
DOCUMENT NUMBER: P0000087158
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Terje lundacis Name of Contact Person
Firm/Company
5830 5w 57th AVE # 238
Michai Fl 33143 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terje Jundaas at (786) 282.2226 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HOT GIASS DESIGN INC
2. The principal office address: 7003 NOITH WCHEIWOY Drive # 201
Micimi Fl 33155
3. The mailing address (if different):
4. Date of incorporation/qualification: DCI /14 2000 Document number: P000008715
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Florida Annual Deport Services
2300 Corcil way suite 200
micmi Fl 33145 (Resigned):
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Terre lundags
Terje Williams
5830 Sw 5 11n AVC # 258 ??
miami F1 33/43
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director TEMPE - UNITED Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Machiella /30/21
Signature of Registered Agent Date
If signing on behalf of an entity:
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)