## P01000004301

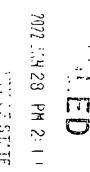
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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## COVER LETTER . . .

TO:

TO: Amendment Section Division of Corporations	
SUBJECT: Sheet METAL System: Name of Corporation	s, INC.
DOCUMENT NUMBER: PO10000043	001
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
RAUL PERERA Name of Contact Person Sheet METAL Systems, INC. Firm/Company	<del></del>
City/State and Zip Code  LAB2 PARK Blvcl  Address  Pinellas PARK FL 33781  City/State and Zip Code	
Paul PEPERA & Super E-mail address: (to be used for future annual repo	
For further information concerning this matter, please	call:
Raul Perera Name of Contact Person	at ( <u>727</u> ) <u>433-1499</u> Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depar	tment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	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 $^{\circ}$

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: Sheet METAL SYSTEMS, Inc.
2. The principal office address: 6482 PARK BLYD PINELLAS PARK FL 33781
3. The mailing address (if different):
4. Date of incorporation/qualification: JANUARY 11, 2001 Document number: P0100004301
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)
GREGORY L OLNEY (RESIGNED)
757 ARLINGTON AVE. N
Saint PETERSBURG FL 33701
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Raul PERERA
199 DALI BIVD UNIT 1106
Saint Petersburg FL 33701
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.
CLINTON R DULIN THE PRESIDENT 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.
Signature of Registered Agent  V26/21  Date
If signing on behalf of an entity:
RAUL PERERA Typed or Printed Name

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

Make Checks payable to Florida Department of State