## P01000005819

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## **COVER LETTER**

	ent Section of Corporations	
SUBJECT:	usher Windows, Inc. Name of Corporation	· .
	Name of Corporation	
DOCUMENT N	UMBER:	<del>.</del>
. The enclosed Stat	ement of Change of Registered Office/Agent and fee are su	bmitted for fili
Please return all c	orrespondence concerning this matter to the following:	:
	LACLY Junaica Name of Contact Person	
	Firm/Company	
	5592 Lee St. Suite 3	
	Address	
	Lehigh Acres FL 33971 City/State and Zip Code	
. •	1 powell of testherwindows com	
•	E-mail address: (to be used for future annual report r	notification)

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

For further information concerning this matter, please call:

Name of Contact Person -

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

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301,-

## \*STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sec statement of change is submitted in order to change its re	for a corporation organi	zed under the laws of the	e State of <u>F16</u>	nda
1. The name of the corporation:				
2. The principal office address:	1 A	t, Suite 3		
3. The mailing address (if differe		,	ř ,	
·	´	-		
4. Date of incorporation/qualifica	ution: 1 12 D1	Document number:	1	
5. The name and street address of Florida Department of State: (1	f the current registered ag		on file with the	TO JUL
				神るに
				PH 3: 4
(if changed): LACLY JA 5592 Lee	maica Forcet, Suite	3		
<u>Lehigh A</u>		71		
The street address of its register as changed will be identical.	red office and the street a	address of the business	office of its reg	istered agent,
Such change was authorized by authorized by the board, or the		,	i	,
Signature of an officer of dire thereby accept the appointmen I further agree to comply with to fmy duties, and I am familiar document is being filed merely corporation has been notified in	t as registered agent and the provisions of all stats with and accept the obli- to reflect a change in the	Printed or type d agree to act in this ca ites relative to the prop gation of my position a registered office addre	name and title pacity er and complete s registered ago ess, I hereby co	e performance ent. Or, if this infirm that the
Xacah Mamaica	<u> </u>	56/30/201	D:	
Signature of Registered A	•		atc I	
Typed or Printed Name	<del></del>		;	
yped of trimed Haine	; * * * DII INC DD	D. 636 00 * * *		, _

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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