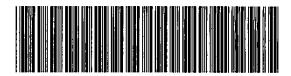
## P0/000/13069

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: ACTION GLASS & MIRROR, INC.		
(Name of Corporation)		
DOCUMENT NUMBER: P01000113069		
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:		
ROGINA L. WEINSTOCK		
(Name of Contact Person)		
4.07/01/ 01 4.00 0 44/DD0D 11/0		
ACTION GLASS & MIRROR, INC. (Firm/Company)		
(Firm Company)		
802 OLD DIXIE HWY. SUITE 5		
(Address)		
LAKE PARK, FL 33403		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
ROGINA L. WEINSTOCK at ( 561-848-3255 )		
ROGINA L. WEINSTOCK  (Name of Contact Person)  at (561-848-3255)  (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  Street Address: Amendment Section  Division of Corporations  Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA ir to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: ACTION GLASS & MIRROR, INC.
	office address: 802 OLD DIXIE HWY. SUITE 5 LAKE PARK, FL 33403
3. The mailing a	ddress (if different):
4. Date of incor	poration/qualification: 11/26/01 Document number: P01000113069
	d street address of the current registered agent and registered office on file with the timent of State:
	ALL FLORIDA FIRM, INC.
	465 S. VOLUSIA AVENUE SUITE C
	ORANGE CITY, FL 32763
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	ROGINA L. WEINSTOCK
	515 5TH CT.
	P.B.G., FL 33403
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board for the corporation has been notified in writing of the change.
Koma (Signati	Tre of an ottiber of director)  ROGINA L. WEINSTOCK PRES
I further agree to my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.  The pattern of Registered Agent)  (Date)
0	half of an entity:
	Typed or Printed Name)

Make Checks Payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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