P03000060397

| . • | | |
|---|--------------------|-------------|
| (Re | equestor's Name) | |
| // | ldress) | |
| (Λ¢ | ialess) | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to Filing Officer: | | |
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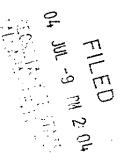
Office Use Only



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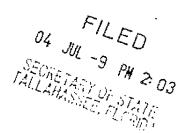


TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: | Janoben 5 Hando, | <u> </u> | |
|--|--|---|---|
| DOCUMENT N | UMBER:P000060397 | 7 | <u> </u> |
| The enclosed Arta | icles of Amendment and fee | are submitted for filing. | |
| Please return all c | correspondence concerning th | is matter to the following: | |
| | Lisa M. Stiffler | _ | |
| | (N | ame of Person) | |
| | Lisa M. Stiffler | | |
| | (Name | of Firm/ Company) | |
| | 291 Naylor Drive | (Address) | |
| whitewards | West Melbonine, (City/S | F1 32904 tate/ and Zip Code) | |
| For further inform | nation concerning this matter, | • • | |
| Lisa N | 1. Stiffler | at (321) 956 (Area Code & Daytin | -6360 |
| | (Name of Person) | (Area Code & Daytin | ne Telephone Number) |
| Enclosed is a chec | ck for the following amount: | | |
| X] \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section | | Street Address Amendment Section | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations 409 E. Gaines Street | |
| Tallahassee, FL 32314 | | Tallahassee, FL 32399 | |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| I, | Matthew McQueen | , hereby resign as Treasurer |
|----|--|--|
| | | (Title) |
| _ | T | _ |
| of | Janssen's Windows, | |
| | (Nan | e of Corporation) |
| | P03000060397 (Document Number, if known) | , a corporation organized under the laws of the State of |
| | (= | |
| , | Florida | · . |
| | | · |
| | | |
| | | |
| | | |
| | Moll | lun nellun |
| | | (Signature of resigning officer/director) |

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314