P03000108027

(Re	questor's Name)	
(Add	dress)	
•	•	
		
(Adi	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nam	e)
(Do	cument Number)	
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2221 NOV 16 AHH: 55

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ Name	ECT: PEETZ WINDOWS AND DOORS, I of Corporation	NC.		
DOCI	UMENT NUMBER: P03000108027			
The er	nclosed Statement of Change of Registere	d Office/Agent and fee are sub	omitted for filing.	
Please	return all correspondence concerning this	matter to the following:		
JASO	N D. KATZ, ESQ.			
	of Contact Person			
	N D. KATZ, P.A.			
	Company SOUTH UNIVERSITY DRIVE, SUITE 210			
Addre DAVIE	ss E, FL 33328			
City/S	tate and Zip Code			
	jason@jkatzlaw.com			
E-ma	il address: (to be used for future annua	report notification)		
For fu	rther information concerning this matter.	olease call:		
JASO	N D. KATZ	954 \494	1-5732	
	Name of Contact Person	Area Code & Da	4-5732 aytime Telephone Number	
Enclo	sed is a \$35.00 check made payable to the	Department of State.		
	Mailing Address:	Street Address:		
	Amendment Section		Amendment Section	
	Division of Corporations P.O. Box 6327	Division of Corporat		
P.O. Box 6327 The Centre of Tallahassee			assee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, Fl. 32314

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

		7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, thi. rporation organized under the laws of the State of <mark>Florida</mark>	<i>S</i>
		office or registered agent, or both, in the State of Florida.	
1. The name of		WINDOWS AND DOORS, INC.	
2. The principal	office address: 15951 S.	W. 41 STREET, SUITE 150, WESTON, FLORIDA 33331	
3. The mailing a	address (if different):		
4. Date of incor	0/01/2003 P03000108027 Document number:		
	d street address of the cur rtment of State: (If resign	rent registered agent and registered office on file with the ed. enter resigned)	
	KRISTEN I. BAIER, ES	SQ.	
	1395 BRICKELL AVEN	IUE, 14TH FLOOR	
	MIAMI, FL 33131		
6. The name and (if changed):	v registered agent (if changed) and /or registered office	7728 NOV 16	
	3325 S UNIVERSITY D	·	
	P O Box NOT acceptable		
	DAVIE, FL 33328	· · · · · · · · · · · · · · · · · · ·	55
The street address changed will	ess of its registered offic be identical.	e and the street address of the business office of its registered	i agent,
Such change ye authorized by	as authorized by resoluti he board or the corporat	on duly adopted by its board of directors or by an officer so ion has been notified in writing of the change.	
		EVA LEON, AS VICE-PRESIDENT	
Signate	re of an officer or director	Printed or typed name and title	
I further agree of my duties, ar document is be	the appointment as regi to comply with the provi ad I am familiar with and ing filed merely to reflec s been notified in writing	stered agent and agree to act in this capacity, sions of all statutes relative to the proper and complete perfo l accept the obligation of my position as registered agent. O t a change in the registered office address. I hereby confirm to t of this change.	ormance r, if this that the
	,	11/9/2020	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Jason D. Katz			
T	yped 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 * * *