186000035188

(Requestor's Name) (Address)	400094589244
(Address)	- 100001000211
(City/State/Zip/Phone #)	-
(Business Entity Name)	03/28/0701015002 **35.00
(Document Number)	-
Certified Copies Certificates of Status	O7 HAR 28 SECRETAR TALLAHASS
Special Instructions to Filing Officer:	AM 8: 36 EE, FLORIDA
	A SEE SE

Office Use Only

COVER LETTER

Division of Corporations
SUBJECT: MASTER SHUTTERS MANUFACTURING, INC. (Name of Corporation)
DOCUMENT NUMBER: P 06 0000 35 188
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:
(Name of Contact Person)
1CS LLC 10 PECKAR & ABRAMSON (Firm/Company)
1 SE. 3RD AVENUE STE 2960 (Address)
MIAMI, FL 33131 (City/State and Zip Code)
For further information conserning this matter, please call:
(Name of Contact Person) at (786) 208 - 7060 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (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 Tallahassee, FL 32314

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

7.7

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

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.
1. The name of the corporation: MASTER SHUTTERS MANUFACTURING JWC.
2. The principal office address: SE 3RD AVENUE, SUITE 2960 MAMI FL 33131
3. The mailing address (if different): (SAME)
4. Date of incorporation/qualification: 3/10/2006 Document number: P06 0000 35 188
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 3230 FLORES 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): TSABELLA CAMPANILE
1 SE 3 RD AVENUE SUITE 2960 (P.O. Box NOT acceptable) MIAMI, FL 33131
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. I SABELIA CAMPANILE DIRECTOR (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 an immilian 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) If signing on behalf of an entity:
(Typed or Printed Name)

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