P060000 44778

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations **SUBJECT: CASTELLON SHOWER DOORS & TUB ENCLOSURE** (Name of Corporation) DOCUMENT NUMBER: P06000044778 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: JESUS L CASTELLON (Name of Contact Person) **CASTELLON SHOWER DOORS & TUB ENCLOSURE** (Firm/Company) 8829 W. BROAD STREET (Address) TAMPA, FLORIDA 33615 (City/State and Zip Code) For further information concerning this matter, please call: JESUS L. CASTELLON at (813) 299 - 0847 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section **Amendment Section** Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St ge is submitted for a corporation organized under the laws of the State of <u>f</u> to change its registered office or registered agent, or both, in the State of Fl	LORIDA
1. The name of th	e corporation; CASTELLON SHOWER DOORS & TUB ENCLOSUR	E, CORP
2. The principal o	ffice address: 8829 W. BROAD STREET TAMPA, FLORIDA 3361	5
3. The mailing ad	dress (if different):	
4. Date of incorpo	pration/qualification: MARCH 28, 2006 Document number: P060000)44778
5. The name and s Florida Departs	street address of the current registered agent and registered office on file with ment of State:	n the
<u>,</u>	JESUS L. CASTELLON	
	1814 SW 100TH AVENUE MIAMI, FLORIDA 33165	O7 SEC
_	(OLD ADDRESS)	JAN
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	기위 교 그
_	JESUS L. CASTELLON	LORIO
	8829 W. BROAD STREET	
	(P.O. Box NOT acceptable) TAMPA, FLORIDA 33615	
-	s of its registered office and the street address of the business office of its be identical.	s registered agent,
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.		
(Signoral	Tesus L. Cast If an officer or director) Tesus L. Cast	e//on
I hereby accept t I further agree to of my duties, and document is bein	Whe appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and come! I am familiar with and accept the obligation of my position as registered a filed merely to reflect a change in the registered office address, I hereb been notified in writing of this change.	plete performance l agent. Or, if this y confirm that the
	8 1/11/07	
If signing on belo	thre of Registered Agent) (Date) alf of an entity:	
(Ty	ped or Printed Name)	

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