P06000084790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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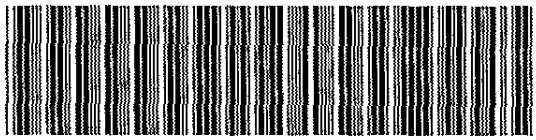

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06 AUG 15 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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charge

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D+M SHutters INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000084790

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:

MICHAEL SENEROTE
(Name of Contact Person)

D+M SHutters INC.
(Firm/Company)

23380 Carolwood Ln Apt 3203
(Address)

Boca Raton, FL 33428
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL SENEROTE at (561) 929-6347
(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

YOU Already Have the CHECK. I SENT it with THE filing forms that are THE wrong one's. YOU SENT THEM Back to ME But Kept THE CHECK.

Mike SENEROTE

CR2E045 (8/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2006

MICHAEL SENEROTE
D & M SHUTTERS INC
23380 CAROLWOOD LANE, APT. 3203
BOCA RATON, FL 33428

SUBJECT: D & M SHUTTERS INC
Ref. Number: P06000084790

We have received your document for D & M SHUTTERS INC and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong forms were submitted.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist

Letter Number: 606A00048992

RECEIVED
06 AUG 15 AM 8:00
DIVISION OF CORPORATIONS

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 *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: D+M SHutters INC.
2. The principal office address: 23380 Carolwood Ln. Apt. 3203 Boca Raton, Fl 33428
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: _____ Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MICHAEL PATRONO
23380 Carolwood Ln Apt. 3203
Boca Raton, Fl 33428

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DOMENICA SENEROTE
23380 Carolwood Ln Apt. 3203
(P.O. Box NOT acceptable)
Boca Raton, Fl 33428

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TALLAHASSEE, FLORIDA

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.

Michael Senerote — MICHAEL SENEROTE (President)
(Signature of an officer or 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 am familiar 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.

Domenica Senerote — 8-10-06
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

DOMENICA SENEROTE
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)