

PO6000086002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

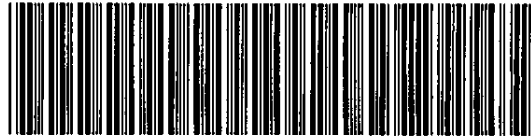
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400264242064

09/22/14--01023--006 **35.00

OCT 02 2014
T. CARTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP 22 PM 3:46

RA/RO Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WOMAR GLASS, INC.
Name of Corporation

DOCUMENT NUMBER: P06000086602

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:

MARAN WASZKIEWICZ
Name of Contact Person

WOMAR GLASS INC.
Firm/Company

2 WAINWOOD PL.
Address

PALM COAST FL 32164
City/State and Zip Code

MARCINW@WOMARGLASS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARAN WASZKIEWICZ at (386) 793 6073
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

**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: WOMAR GLASS, INC
2. The principal office address: 2 WAINWOOD PL.
PALM COAST, FL 32164
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/27/2006 Document number: P06000086602
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ELIZA PUCHALSKI

48 PIEDMONT DR.

PALM COAST, FL 32164

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

MARCIN WASZKIEWICZ

2 WAINWOOD PL.

P.O. Box NOT acceptable

PALM COAST, FL 32164

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.

Marcin Waszkiewicz
Signature of an officer or director

MARCIN WASZKIEWICZ
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.

Marcin Waszkiewicz
Signature of Registered Agent

9/19/14
Date

If signing on behalf of an entity:

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 (03/12)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP 22 PM 3:46