

P07000012194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

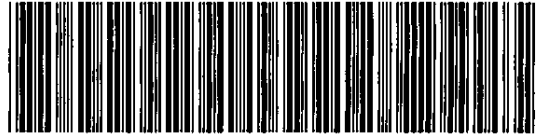
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300101697763

05/09/07--01014--016 \*\*35.00

FILED  
07 MAY -9 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ATLANTIC STORM SHUTTERS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000012194

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:

MIREYA ALFONSO  
(Name of Contact Person)

ATLANTIC STORM SHUTTERS, INC  
(Firm/Company)

1375 NW 97 AVENUE SUITE 12  
(Address)

DORAL - FLORIDA - 33172  
(City/State and Zip Code)

For further information concerning this matter, please call:

MIREYA ALFONSO  
(Name of Contact Person)

at (786) 4882383  
(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

I would like to change the office address of ATLANTIC STORM SHUTTERS  
Please, change: JJJJ collins ave apt 115 Miami Beach fl. 33140

(ACTUAL) TO: 1375 NW 97 Ave suite 12 Doral fl. 33172

CR2E045 (8/05) and mailing address to: P.O. Box 403346 Miami Beach fl. 33140

Thank you: Mireya alfons

DM

**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: ATLANTIC STORM SWITERS, INC.
2. The principal office address: 1375 NW 97 AVENUE SUITE 12  
DORAL FLORIDA 33172
3. The mailing address (if different): P.O. BOX 403346 Miami Beach FL 33140
4. Date of incorporation/qualification: January 26, 2007 Document number: P07000012194
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

5555 COLLINS AVE APT 115  
MIAMI BEACH FL 33140

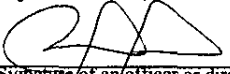
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NEW ADDRESS: 1375 NW 97 AVE SUITE 12  
DORAL FLORIDA 33172  
(P.O. Box NOT acceptable)

**FILED**  
**07 MAY -9 AM 11:07**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

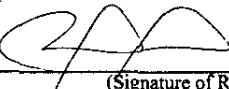
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
(Signature of an officer or director)

MINEYA ALFONSO - PRESIDENT  
(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.

  
(Signature of Registered Agent)

05/07/07  
(Date)

If signing on behalf of an entity:

Mineya Alfonso  
(Typed or Printed Name)

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