

PO7000012194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

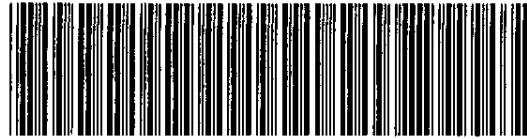
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A. Chorge
C.COULLIETTE

MAY 03 2011

EXAMINER

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 J. MORA
Name of Contact Person

Atlantic Storm Shutters Inc.
Firm/Company

PO BOX 403696
Address

MIAMI BEACH FLORIDA 33140
City/State and Zip Code

mmoraemails@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mireya Mora at (786) 4882383
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2011

MIREYA J. MORA
ATLANTIC STORM SHUTTERS, INC.
PO BOX 403696
MIAMI BEACH, FL 33140

SUBJECT: ATLANTIC STORM SHUTTERS, INC
Ref. Number: P07000012194

We have received your document for ATLANTIC STORM 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):

You need to complete the form you submitted. You did not have anything showing in number six and the information in number five is incorrect. The current registered agent is shown on the printout. If you will notice, you have not paid the corporate annual report, you could have made changes to your registered agent on that form when you file it, due by May 1.

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) 245-8903.

Cheryl Couffette
Regulatory Specialist II

Letter Number: 911A00009623

RECEIVED
11 MAY -2 11:08 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 Shutters, Inc
2. The principal office address: PO BOX 403696 Miami Beach Florida 33140
1375 NW 97 AVE SUITE 12 MIAMI FL 33172
3. The mailing address (if different): Same above P.O. BOX 403696
MIAMI BEACH FL 33140
4. Date of incorporation/qualification: 01/26/2007 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: (If resigned, enter resigned)

5555 Collins Avenue Apt 3P Miami Beach Florida 33140 *M.M.*
1375 NW 97 AVENUE SUITE 12
DORAL FL 33172

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

5555 COLLINS AVE APT 3P
MIAMI BEACH FL 33140
P.O. Box NOT acceptable

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

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

04/13/11
Date

If signing on behalf of an entity:

MIREYA LORA
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

FILED
11 MAY -3 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA