

P070000016782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200103803252

06/07/07--01008--009 **35.00

FILED
07 JUN -7 PH11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

25

LAW OFFICE OF SEAN L. WILSON

1750 N. University Drive, Suite 223
Coral Springs, Florida 33071

Sean L. Wilson, J.D., LL.M.

Florida Bar Board Certified
Specialist in Tax Law

Florida Bar Board Certified
Specialist in Wills, Trusts & Estates Law

Telephone: (954) 575-3360

Toll Free: (866) 585-1389

Facsimile: (954) 671-6336

E-Mail: sean@myacc.net

June 4, 2007

Via U.S. Mail

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Re: Impact Window Solutions, Inc. (Document No. P07000016782)

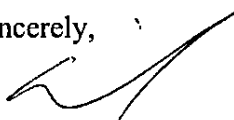
Dear Sir/Madam:

In addition to processing the enclosed Statement of Change of Registered Office or Registered Agent or Both for Corporations, **please also change the address in the Officer/Director Detail for the corporation's President, John R. Hancock, Jr. to:**

**5200 North Federal Highway
Fort Lauderdale, Florida 33308**

Thank you for your attention to this matter. If you have any questions or comments, please feel free to contact me.

Sincerely,



Sean L. Wilson

enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMPACT WINDOW SOLUTIONS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P07000016782

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:

SEAN L. WILSON, ESQ.

(Name of Contact Person)

LAW OFFICE OF SEAN L. WILSON

(Firm/Company)

1750 N. UNIVERSITY DRIVE, SUITE 223

(Address)

CORAL SPRINGS, FLORIDA 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

SEAN L. WILSON

(Name of Contact Person)

at (954) 575-3360

(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: IMPACT WINDOW SOLUTIONS, INC.
2. The principal office address: 5200 NORTH FEDERAL HIGHWAY, FORT LAUDERDALE, FLORIDA 3308
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/06/2007 Document number: 90700001678
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

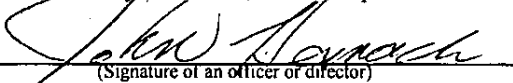
JOHN R. HANCOCK, JR.
8428 N.W. 14TH STREET
CORAL SPRINGS, FLORIDA 33071

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

JOHN R. HANCOCK, JR.
5200 NORTH FEDERAL HIGHWAY
(P.O. Box NOT acceptable)
FORT LAUDERDALE, FLORIDA 33308

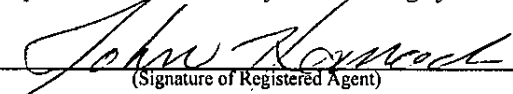
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

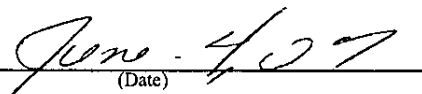
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

JOHN R. HANCOCK, JR., 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)


(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 (8/05)