

P07000023382

1638 DONNA ROAD  
WEST PALM BEACH, FL. -  
33409

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

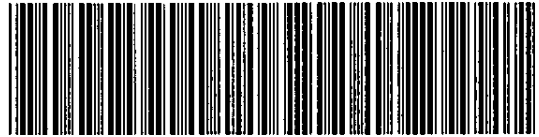
(Business Entity Name)

(Document Number)

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Change

06/02/09--01055--007 \*\*35.00

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2009 JUN -2 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ASR  
6/4/09

**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: ALL AMERICAN SHUTTERS OF PENSACOLA, INC.
2. The principal office address: 1638 DONNA ROAD  
WEST PALM BEACH, FL. 33409
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/21/2007 Document number: P07000023382
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)

ALAN BIAS

1638 DONNA ROAD

WEST PALM BEACH, FL. 33409

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

ANTHONY BARBIERI

1638 DONNA ROAD

P.O. Box NOT acceptable

WEST PALM BEACH, FL. 33409

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TALLAHASSEE, FLORIDA

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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.

Alan Bias

Signature of an officer or director

ANTHONY BARBIERI

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.

Anthony Barbieri

Signature of Registered Agent

5/26/09

Date

If signing on behalf of an entity:

ANTHONY BARBIERI

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