## P070001522

Office Use Only



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TULY DEC 18 PH 4: 48

TOTAL THE SCHELL FL. STATED/4 DEC 18 PH 3: 1-2

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.050 nge is submitted for a corpora r to change its registered offic	ation organized under the lav	vs of the State of	r_FL		
1. The name of t	he corporation: ADVANCED	DOOR SOLUTIONS, INC.				
2. The principal	office address: 605 Gem Con	nmerce Ct APOPKA, FL 327	703			
3. The mailing a	ddress (if different):					
4. Date of incorp	ooration/qualitication: 05/23/	2007 Document i	number: P0700	0061522		
5. The name and	I street address of the current is timent of State: (If resigned, e	registered agent and registere	ed office on file v	vith the		
	Assured Compliance Service	ces, LLC				
	1615 Woodward Street			_		
	Orlando	FL	32803			
6. The name and (if changed):	I street address of the new reg	istered agent (if changed) and	d /or registered o			
	Corporation Service Compa	any				
	1201 Hays Street	201 Hays Street				
		P.O. Box NOT acceptable				
	Tallahassee	FL	32301			
The street addre	ess of its registered office and be identical.	I the street address of the bu	siness office of	its. Registered a		
Such change wa authorized by th	ns authorized by resolution does board, or the corporation b	uly adopted by its board of c has been notified in writing o	lirectors or by a of the change.	n officer so	1 338	
/S/ Philip K. Calandrino		Philip K. Caland		CEO	ස	
_	re of an officer or director		ed or typed name and	गा। ह		
I further agree t of my duties, an document is bei corporation has	the appointment as registere to comply with the provision of I am familiar with and according filed merely to reflect a clope been notified in writing of the Service Company	d agent and agree to act in sof all statutes relative to the ept the obligation of my postange in the registered officities change.	this capacity, te proper and co ition as register e address, I hero	mplete perfored agent OA ed agent OA eby confirman	manica if this at the	
By: Y) roce	nature of Registered Agent	12/13/2024	Dat :			
-			Date			
If signing on be	half of an entity:					
	IRBY, ASST. VICE PRESID	DENT				
Ti	ened or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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