

P07000075254

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/15/07
9-10-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hurricane Safety Systems Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07600075254

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:

Joseph L. Nicolosi
(Name of Contact Person)

Hurricane Safety Systems Inc.
(Firm/Company)

6790 118th Ave N.
(Address)

Largo, FL 33773
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Nicolosi at (727) 546-4263
(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

August 30, 2007

JOSEPH NICOLosi
6790 118TH AVE N.
LARGO, FL 33773

SUBJECT: HURRICANE SAFETY SYSTEMS INC.
Ref. Number: P07000075254

We have received your document for HURRICANE SAFETY SYSTEMS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The initial annual report is not due until January 1 of the year following the year of incorporation/qualification. The corporation should file an Amendment to change or add officers and/or directors. If the registered agent or registered office has changed, this change can also be made in the amendment. The new agent must sign and state that he is familiar with the obligations of the position. Enclosed are guidelines on filing an amendment.

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) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 707A00052088

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hurricane Safety Systems Inc.
2. The principal office address: 6790 118th Ave North
Largo, FL 33773
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/28/07 Document number: P07000075254

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Joseph L. Nicolosi
1187 Jessica Ct.
Dunedin, FL 34698

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

Joseph L Nicolosi
6790 118th Avenue North
(P.O. Box NOT acceptable)
Largo, FL 33773

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)

(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA