

P080000044540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

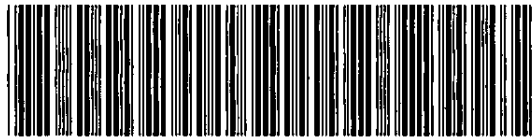
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300135975513

09/22/08--01011--022 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 22 PM 3:04

R.A. / R.O. / chg
@ 9/24/08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXTRUDED WINDOW COMPONENTS, INC.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY ORMAN
(Name of Person)

EXTRUDED WINDOW COMPONENTS, INC.
(Firm/Company)

1801 CORPORATE DRIVE
(Address)

BOYNTON BEACH, FL. 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

✓ [Signature] at (561) 493-2303
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: EXTRUDED WINDOW COMPONENTS, INC.
2. The principal office address: 1801 CORPORATE DRIVE, BOYNTON BEACH, FL. 33426
3. The mailing address (if different): 1801 CORPORATE DRIVE, BOYNTON BEACH, FL. 33426
4. Date of incorporation/qualification: 5/2/08 Document number: P08000044510
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

JACK S. COX
11450 S.E. DIXIE HIGHWAY Suite #104
HOBE SOUND, FL. 33455

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

GARY ORMAN
4336 JUNIPER TERRACE
(P.O. Box NOT acceptable)
BOYNTON BEACH, FL. 33426

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]
(Signature of an officer or director)

PABLO RUIZ VP OPERATIONS
(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]
(Signature of Registered Agent)

9/18/08
(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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 22 PM 3:04