

P080000 9/892

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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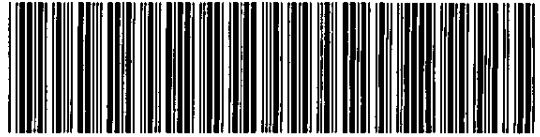
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2009

MS. BARBARA E. CERVANTES  
DR. WINDOW SOUTH  
3233 NE 18TH TERRACE #A  
OAKLAND PARK, FL 33306

SUBJECT: DR. WINDOW SOUTH CORP  
Ref. Number: P08000091892

We have received your document for DR. WINDOW SOUTH CORP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 609A00000595

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DR. WINDOW SOUTH CORP  
(Name of Corporation)

DOCUMENT NUMBER: P08000091892

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:

MS. BARBARA E. CERVANTES

(Name of Contact Person)

DR. WINDOW SOUTH CORP

(Firm/Company)

3233 NE 18TH TERRACE # A

(Address)

OAKLAND PARK FL. 33306

(City/State and Zip Code)

For further information concerning this matter, please call:

MS. BARBARA CERVANTES

(Name of Contact Person)

at (954) 849. 6529

(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

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TALLAHASSEE, FLORIDA

**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: DR. WINDOW SOUTH CORP
2. The principal office address: 1763 NE 15TH STREET  
FT. LAUDERDALE, FL., 33304
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/9/2008 Document number: PO8000091892
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)

DENISE COLON  
1336 ASHFORD AVENUE NE  
PALM BAY FL 32907

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

MS. BARBARA E. CERVANTES  
3233 NE 18TH TERRACE, # A  
(P.O. Box NOT acceptable)  
OAKLAND PARK, FL., 33306

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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.

[Signature]  
(Signature of an officer or director)

MS. BARBARA E. CERVANTES  
(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)

✓ 11/26/08  
(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)