

P090000075448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

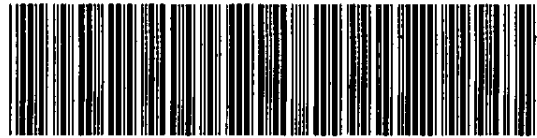
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 NOV -5 AM 11:54

R0/ch8
@ 11/4/09

COVER LETTER

check # 350

TO: Amendment Section
Division of Corporations

SUBJECT: Architectural Superstore, Inc.
Name of Corporation

DOCUMENT NUMBER: PO9000075448

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:

Dominick J. Marchese
Name of Contact Person

Architectural Superstore, Inc.
Firm/Company

522 NE 43rd Street
Address

Pompano Beach, FL 33334
City/State and Zip Code

Archstone product c AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominick Marchese at 516 312-3268
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

October 23, 2009

DOMINICK J. MARCHESE
ARCHITECTURAL SUPERSTORE, INC
904 S.W. 2ND PLACE
POMPANO BEACH, FL 33069

SUBJECT: ARCHITECTURAL SUPERSTORE, INC
Ref. Number: P09000075448

We have received your document for ARCHITECTURAL SUPERSTORE, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 809A00033835

RECEIVED
2009 NOV - 5 AM 8:00
SECRETARY OF STATE
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: Architectural Superstore, Inc
2. The principal office address: 522 NE 43RD STREET
OAKLAND PARK, FL 33334
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: PO 9000075448

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)

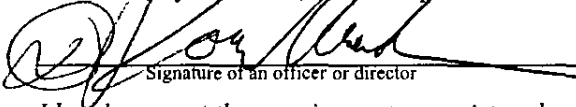
DOMINICK J. MARCHESE
FROM - 1020 SW 10TH AVE, STE 1
POMEROY BEH, FL 33069

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

DOMINICK J. MARCHESE
TO - 3028 Seville Street, Apt 7
P.O. Box NOT acceptable
FORT LAUDERDALE, FL 33304

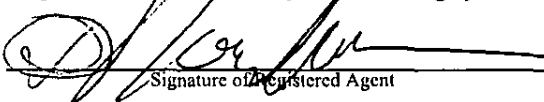
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

DOMINICK J. MARCHESE
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

10/19/09
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 FLORIDA
TALLAHASSEE
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