## 01000005774

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business Er	tity Name)
(Document N	umber)
Certified Copies Cer	tificates of Status
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Office Use Only



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RAPRO Change

14 FEB -3 AM IO: 34

SECRETARY OF STATE NAUL/THANKS OF STATE

FEB 0 4 2014 T. CARTER



UN SENVICE CUMPANT						
ACCOUNT NO. : 12000000195						
REFERENCE : 971003 7977968						
AUTHORIZATION : Spelle Ma						
COST LIMIT : \$ 35.00						
ORDER DATE : January 22, 2014						
ORDER TIME : 5:35 PM						
ORDER NO. : 971003-020						
CUSTOMER NO: 7977968						
CHANGE OF AGENT						
NAME: US SHADE AND SHUTTER CORPORATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY						
CONTACT PERSON: Susie Knight EXT# 52956						
EXAMINER:						

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

		ctions 607.0502, 617.0: I for a corporation org					
	_	registered office or regi	J	oth, in the State o	l Florida.		
1. The name of	the corporation:	US Shade And Shutte	er Corporation				
2. The principa	l office address:_	224 Datura Street Su	ite 914 West Pa	ilm Beach, FL 334	<del>1</del> 01		
3. The mailing i	address (if differe	ent);					_ _
4. Date of incor	poration/qualific	ation: 01/20/2010	Documen	t number: P1000	0005774		<del>-</del>
		of the current registered (If resigned, enter resign		red office on file	with the		
	Michael Hollan	der			_		
	224 Datura Stre	est, Suite 914					
	West Palm Bea	ach	FL	33401	_		
6. The name and (if changed):	i street address o	f the new registered ag	ent (if changed) a	nd /or registered o	office	14 FEB	
	Corporation Se	rvice Company			_	ယ်	<i>.</i> *
	1201 Hays Stre	et					
	Tallahassa	P.O. Box NO		22201	•	AM IO:	
	Tallahassee		FL	32301	-	<del>င့်</del>	30
The street address changed will	ess of its register be identical.	ed office and the street	address of the b	usiness office of i	ts registered age	nt,	-
Such change was authorized by th	is authorized by ie board, or the	resolution duly adopte orporation has been no	d by its board of otified in writing	directors or by an of the change.	officer so		
	V		Michael Hollar	nder,	President		
•	re of an officer or direc			ted or typed name and ti		•	
I hereby accept I further agree I performance of agent. Or, if thi hereby confirm Corporatio	the appointment to comply with the my duties, and I is document is be that the corpora in Service Cor	as registered agent an ne provisions of all stat am familiar with and e eing filed merely to ref tion has been notified in NDARV	nd agree to act in tutes relative to t accept the obliga lect a change in t in writing of this	this capacity. he proper and con tion of my positio he registered offi change.	nplete n as registered ce address, I		
BV: Xue	2-3-14						
Sign	nature of Register	gent		Date			
f signing on bel	half of an entity:	હ Knight nt Vice President					
		E ARCC LIGGINGIII					
Ty	ped or Printed Name	· <del>-</del>					

\* \* \* 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 (03/12)