

P110000003569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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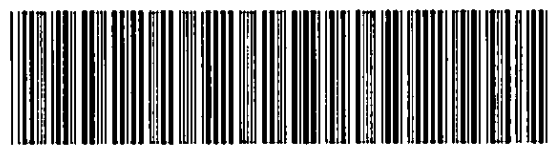
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**           Ideal Auto Glass, Inc.            
Name of Corporation

**DOCUMENT NUMBER:**           P11000003569          

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:

          Elizabeth Bondar            
Name of Contact Person

          Ideal Auto Glass, Inc.            
Firm/Company

          4280 Church St Ste 1500            
Address

          Sanford, FL 32771            
City/State and Zip Code

          Liz@myglassisbroken.com            
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

          Elizabeth Bondar           at (           407           )           574-4944            
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

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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: Ideal Auto Glass, Inc

2. The principal office address: 4280 Church St Ste 1500 Sanford, FL 32771

3. The mailing address (if different): same as above

4. Date of incorporation/qualification: 01/11/2011 Document number: P11000003569

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)

Elizabeth Bondar

1372 N Goldenrod Rd Ste 22

Orlando, FL 32807

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

Elizabeth Bondar

4280 Church St Ste 1500

P.O. Box NOT acceptable

Sanford, FL 32771

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

Elizabeth Bondar, CFO 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

10/23/2019 Date

If signing on behalf of an entity:

Elizabeth Bondar 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

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