110xx06098/

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL .
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		<u> </u>
		-

Office Use Only



900212032389

09/14/11--01005--023 **35.00

SECRETARY OF STATE

FB

My Marin

COVER LETTER

TO:		ent Section of Corporations		
SUBJ	ECT:	US STOREFRONTS	Glass & Mirrors Ind	C
DOC	U MENT NU	JMBER: P'	11000060981	
The er	closed State	ement of Change of Registered Of	ffice/Agent and fee are subr	mitted for filing.
Please	return all co	orrespondence concerning this ma	atter to the following:	
			FERNANDEZ	
		Name of	Contact Person	
			·	
			TS Glass & Mirrors Inc	
		Firm	/Company	
		E252 CEDC	NA ODEEK OT	
			ONA CREEK CT.	
		•		
		KISSIMM	EE FL. 34758	
		City/State	e and Zip Code	<u> </u>
		HESTOREEDO	NITS@VAHOO CO	
	-	E-mail address: (to be used for	NTS@YAHOO.CO or future annual report no	tification)
				,
For fu	rther inform	ation concerning this matter, pleas	se call:	
	LA	JAC CCOMMIDEZ	407	400 0050
		MME FERNANDEZ me of Contact Person	at (407) Area Code & Day	480-8959 rtime Telephone Number
			Ť	•
Enclos	ed is a \$35.0	00 check made payable to the Dep	partment of State.	
		Mailing Address: Amendment Section	Street Addres Amendment	
		Division of Corporations		
		P.O. Box 6327	Clifton Build	-
		Tallahassee, FL 32314		ive Center Circle
			Tallahassee,	•

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

statement of cha	nnge is submitted for a c	corporation organized	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of FLORIDA	_
	•	•		•	
	<u>-</u>	·	S Glass & Mirrors CT.KISSIMMEE FL		
2. The principal	office address: 3332	SEDOIAN OIVEER	COT.RISSIMINIEE TE	047 00	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	07/01/2011	Document number:	P11000060981	
	I street address of the comment of State: (If resign		t and registered office on t	file with the	
	JAIME FERNAND	DEZ 5352 SEDOI	NA CREEK CT.		
	KISSIMMEE FL 3	4758			
6. The name and (if changed):	l street address of the no		f changed) and /or register	P I 4 ASSEE	T
	611 W VINE ST.			AN 3:	Ö
	WOOD MATERIAL	P.O. Box NOT acc	eptable	ANTE AND A	
	KISSIMMEE FL.				
The street address changed will	ess of its registered off be identical.	ice and the street add	lress of the business offic	e of its registered ager	it,
Such change was authorized by the	as authorized by resolute board, or the corpor	tion duly adopted by ation has been notifi	its board of directors or ed in writing of the chang	by an officer so ge.	
Signafij	e of all officer or director		JAIME FER		-
I further agree i of my duties, an document is bei	the appointment as re to comply with the pro d I am familiar with a no filed merely to refle teen notified in writii	visions of all statutes nd accept the obliga ect a change in the re	gree to act in this capacit relative to the proper ar tion of my position as reg egistered office address, I 09/11/2	nd complete performan vistered agent. Or, if th I hereby confirm that th	ice his he
Sig	nature of Registered Agent		Date	<u> </u>	-
If signing on be	half of an entity:				
	vned or Printed Name				

* * * FILING FEE: \$35.00 * * *