

P11000084284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

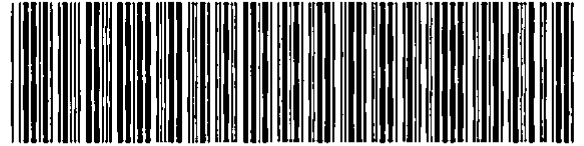
(Business Entity Name)

(Document Number)

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R. WHITE  
JUL 09 2019



Counsel to the Remodeling and Home Improvement Industry

4495 Military Trail, Suite 20  
Jupiter Florida 3345  
T: 561.429.4496 • F: 703.991.219  
info@BerensonLLP.com

21 June 2019

Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**VIA FEDEX DELIVERY**

RE: Home Performance Alliance, Inc.  
Statement of Change of Registered Agent

Dear Sir or Madam:

Enclosed, please find for filing a completed Statement of Change of Registered Agent for Home Performance Alliance, Inc.

Please return in the enclosed self-addressed stamped envelope a file-stamped copy of the Statement of Change of Registered Agent.

Thank you in advance for your assistance. If you should have any further questions, please contact me directly.

Respectfully,

A handwritten signature in black ink that reads "Hollie Cole". The signature is fluid and cursive, with the first name "Hollie" and last name "Cole" clearly distinguishable.

Hollie A. Cole  
Legal Analyst

Enclosures

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Home Performance Alliance, Inc.  
Name of Corporation

DOCUMENT NUMBER: P11000084284

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:

Holli A. Cole

Name of Contact Person

Berenson LLP

Firm/Company

4495 Military Trail, Ste. 203

Address

Jupiter, Florida 3458

City/State and Zip Code

pvetere@hpawindows.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holli Cole

Name of Contact Person

at ( 561 ) 429-4496

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

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: Home Performance Alliance, Inc.  
2. The principal office address: 1780 102nd Ave. North, Ste. 500  
St. Petersburg, Florida 33716  
3. The mailing address (if different): N/A  
4. Date of incorporation/qualification: 09/26/2011 Document number: P11000084284

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)

Cotney Construction Law, LP

3110 Cherry Palm Dr., Ste. 290

Tampa, Florida 33619

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

Corporation Service Company

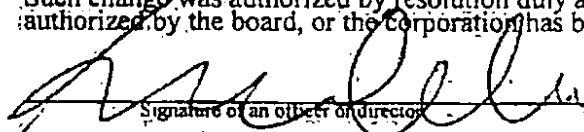
1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, Florida 32301

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

Gary A. Delia, President

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

6-25-19

Date

If signing on behalf of an entity:

Lynn Cannelongo, Assistant VP

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 (03/12)