P110000 847 84

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		E
		,
	<u> </u>	

Office Use Only



400207933334

10/19/11--01002--012 **35.00

SEERETARY OF STATE

RACAG CAS OZ4

COVER LETTER

TO:	Amendme Division of	nt Section f Corporations	
SUBJE	ECT:	Southeast Glazin	g Systems, Inc. Corporation
DOCU	MENT NU	MBER: P1	1000084784
The en	closed State	ement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please	return all co	orrespondence concerning this mat	ter to the following:
		James Ra Name of C	andall Woods Contact Person
	314		zing Systems, Inc Company
11:52 LORIDA		17003 W	inners Circle
MULT 13 AM 11: 5'		FL 33556 and Zip Code	
30 17	TAIL.	·	and ZIp Code
	_	E-mail address: (to be used for	future annual report notification)
For fur	ther informa	ation concerning this matter, pleaso	e call:
		Shelly R. Woods	at (813) 920-5309 or 241-5340
		ne of Contact Person	at (813) 920-5309 or 241-5340 Area Code & Daytime Telephone Number
Enclose	ed is a \$35.0	00 check made payable to the Depa	artment 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

statement of cha	ange is submitted for a co	rporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Sta	te of Florida	his		
1. The name of	the corporation: South	east Glazing	Systems, Inc.				_
2. The principal	office address: 17003	Winners Circle,	Odessa, FL 33556				-
3. The mailing a	address (if different):						-
4. Date of incor	poration/qualification:	9/27/2011	Document number:	P110000)84784		- -
	d street address of the cur rtment of State: (If resign		nt and registered office on t	file with the			
	United States Corp	oration Agents	, Inc.				
	13302 Winding Oa	k Court, Suite A	4				
	Tampa, FL 33612				74.0		
6. The name and (if changed):	d street address of the nev	v registered agent (if changed) and /or register	ed office	ECRETAG	11 007 19	
	James Randall Wo	ods				H. 6	1
	17003 Winners Circ	P.O. Box NOT ac	vertable		S	t: t	
	Odessa, FL 33556		ocepanic .			Ç.	
The street address changed will	ess of its registered office be identical.	e and the street ad	dress of the business offic	e of its register	red agent,		
_		on duly adopted b	y its board of directors or led in writing of the chang	by an officer s ge.	0		
Janus R	re of an officer or director		James R.	Woods ne and title			
of my duties, and document is bei	the appointment as regito comply with the proving I am familiar with and ing filed merely to reflect to been notified in writing	sions of all statute l accept the obliga t a change in the r	ngree to act in this capacil is relative to the proper an ation of my position as reg egistered office address, I	ly. id complete per istered agent. hereby confiri	rformance Or, if this n that the	g S	
James / C	nature of Registered Agent	· · · · · · · · · · · · · · · · · · ·	October 10	0, 2011			
If signing on be	chalf of an entity:						
T	yped or Printed Name	 .					

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