## P12000054351

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DIVISION OF CORPORATIONS

12 JUL 30 AM II: 33

R.A.

JUL 3 1 2012

T. BROWN

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

BATMAN GLASS INC

Name of Corporation

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:

TODD SIGNORELLI

Name of Contact Person

BATMAN GLASS INC

Firm/Company

123 175TH TERRACE DR. EAST

Address

REDINGTON SHORES, FL. 33708

City/State and Zip Code

TODDSIGNORELLI@YAHOO.COM

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

For further information concerning this matter, please call:

TODD SIGNORELLI

Name of Contact Person

813 410-8331
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

statement of cha	nge is submitted for a corporation	17.0302, 607.1308, or 617.1308, Florida Stati n organized under the laws of the State of <u>FLO</u> registered agent, or both, in the State of Flori	RIDA	-
1. The name of	the corporation: BATMAN GL			33708
3. The mailing a	ddress (if different):		<u> </u>	
4. Date of incor	poration/qualification: 6-15-20	12 Document number: 45-55262	298	<del></del>
	d street address of the current regis	stered agent and registered office on file with the resigned)	he	
-	UNITED STATES COR	PORATION AGENT INC		
	13302 WINDING OAK	COURT SUITE A		
	TAMPA, FL. 33612		12	SIAIË PS,
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):			12 JUL 30	CRETAR SION OF
	TODD SIGNORELLI			CORF CANAL C
	123 175TH TERRACE [	······································	AM II: 33	STA
	REDINGTON SHORES	Box NOT acceptable , FL. 33708	చ	JOH'S JE
The street address changed will	ess of its registered office and the	street address of the business office of its reg	gistered age	ent,
		dopted by its board of directors or by an office notified in writing of the change.		
	regates officer or director	TODD P. SIGNORELLI		_
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and title  gent and agree to act in this capacity.  fall statutes relative to the proper and complet  and accept the obligation of my position as  to reflect a change in the registered office ac-  tified in writing of this change.	te registered ddress, I	
1/2		7-23-2012		_
	nature of Registered Agent half of an entity:	Date		
<del></del>	IGNORELLI			
	yped or Printed Name	-		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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