

P13600060163

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SECRETARY OF STATE
ATLANTA, GEORGIA

1-18-17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALM BREEZE WONDOWS AND DOORS, INC.
Name of Corporation

P13000060163
DOCUMENT NUMBER:

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:

MARK GROGAN

Name of Contact Person

PALM BREEZE WINDOWS AND DOORS, INC.

Firm/Company

5396 GULF BLVD #803

Address

ST PETE BEACH FL 33706

City/State and Zip Code

PALMBREEZEWINDOWS@GMAIL.COM

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

For further information concerning this matter, please call:

MARK GROGAN

770

318-5232

at ()

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

**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: PALM BREEZE WINDOWS AND DOORS, INC.
2. The principal office address: 5396 GULF BLVD #803
ST PETE BEACH FL 33707
3. The mailing address (if different): _____

4. Date of incorporation/qualification: JULY 17, 2013 Document number: P13000060163

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)
AMERICAN SAFTY COUNCIL, INC.
5125 ADANSON ST SUITE 500
ORLANDO FL 32804

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LISA NORRIS GROGAN
5396 GULF BLVD #803
ST PETE BEACH FL 33706
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

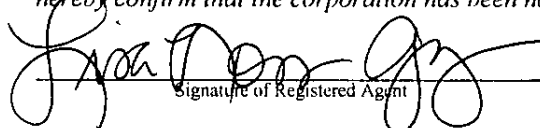
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director **MARK GROGAN PVST**

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 1-10-2017

Date

If signing on behalf of an entity:

Typed or Printed Name

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