

P13000067308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP 19 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2013

JODIE KENNEY / IMPACT WINDOW & DOOR SOLUTIONS CO.
1717 EDGAR STREET SUITE 103
WEST PALM BEACH, FL 33401

SUBJECT: IMPACT WINDOW & DOOR SOLUTIONS CO.
Ref. Number: P13000067308

We have received your document for IMPACT WINDOW & DOOR SOLUTIONS CO. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 213A00020805

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMPACT WINDOW & DOOR SOLUTIONS CO.

Name of Corporation

DOCUMENT NUMBER: P13000067308

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:

Jodie Kenney

Name of Contact Person

IMPACT WINDOW & DOOR SOLUTIONS CO.

Firm/Company

1717 EDGAR STREET SUITE 103

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

cassielkenney@gmail.com

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

For further information concerning this matter, please call:

Tiffany Burns

Name of Contact Person

at **800**

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: IMPACT WINDOW & DOOR SOLUTIONS CO.
2. The principal office address: 1717 EDGAR STREET SUITE 103
West Palm Beach FL, 33401
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/12/2013 Document number: P13000067308

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 SAFETY 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):

Jodie Kenney

1717 EDGAR STREET SUITE 103

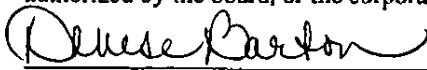
P.O. Box NOT acceptable

WEST PALM BEACH, FL 33401

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 TALLAHASSEE, FLORIDA

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

Denise Barton Registered Agent

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

September 10, 2013

Date

If signing on behalf of an entity:

Jodie Kenney - President

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)