

P16000009992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

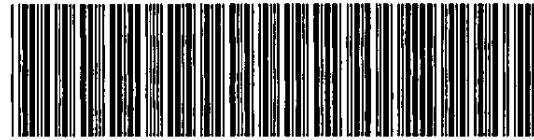
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200308584412

02/08/18--01027--027 **35.00

2018 FEB - 8 AM 9:28

FEB 09 2018
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Three Sisters Glass Inc
Name of Corporation

DOCUMENT NUMBER: P16000009992

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:

Christine E Schneider
Name of Contact Person

Three Sisters Glass Inc
Firm/Company

5060 Sarah Terrace
Address

North Port, Florida 34286
City/State and Zip Code

Cristine560Aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Schneider at (841) 716-1894
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: Three Sister Glass Inc
2. The principal office address: 5060 Sarah Terrace
North Port, FL 34286
3. The mailing address (if different): JAN 29 2016
4. Date of incorporation/qualification: JAN 29 2016 Document number: P16000009992
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)

United States Corporation Agent Inc
13302 Winding Oak Court A
TAMPA, FL 33612

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

Christine Schneider
5060 Sarah Terrace
P.O. Box NOT acceptable
North Port, Florida 34286

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.

Christine E Schneider
Signature of an officer or director

Christine Schneider 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.

Christine Schneider
Signature of Registered Agent

2/5/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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