918000006579

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A. RAMSEY FEB 14 2023

COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: RG FRAMING, INC. Name of Corporation DOCUMENT NUMBER: P18000006579 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: SUSAN P. GUNTER Name of Contact Person LAW OFFICE OF DAVID A. GUNTER, P.A. Firm/Company 6767 N. WICKHAM ROAD, SUITE 4001 Address MELBOURNE, FL 32940-2025 City/State and Zip Code susan@gunterlawoffice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SUSAN P. GUNTER Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 6 inge is submitted for a corporation organized	
=	r to change its registered office or registered	
1. The name of t	the corporation: RG FRAMING, INC.	
2. The principal	office address: 21 SUNSHINE BLVD.	
ORMOND BEA		
3. The mailing a	iddress (if different):	
4. Date of incorporation/qualification: 1/19/2018		Document number: P18000006579
 The name and street address of the current registered agent Florida Department of State: (If resigned, enter resigned) 		and registered office on file with the hanged) and /or registered office
	LAW OFFICE OF DAVID A. GUNTER, P.A.	2
	7351 OFFICE PARK PLACE. SUITE 153	8 2
	MELBOURNE, FL 32940-8229	
6. The name and (if changed):	I street address of the new registered agent (if	changed) and /or registered office
	LAW OFFICE OF DAVID A. GUNTER, P.A.	
	6767 N. WICKHAM ROAD, SUITE 4001	
	P.O. Box NOT	acceptable
	MELBOURNE, FL 32940-2025	
The street address changed will	ess of its registered office and the street addr be identical.	ess of the business office of its registered agent,
	as authorized by resolution duly adopted by ne board, or the corporation has been notified	
	Pl	RESIDENT
Signatu	re of an officer or director	Printed or typed name and title
l further aarée :	the appointment as registered agent and ag to comply with the provisions of all statutes ad I am familiar with and accept the obligati ng filed marely to reflect a change in the reg seen notified in writing of this change.	ree to act in this capacity, relative to the proper and complete performance of of my position as registered agent. Or, if this gistered office address, I hereby confirm that the
7 8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/4 2022
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
T	yped or Printed Name	
		22 22 23 24 24

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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4. Date of incom	poration/qualification: 1/19/2018	Document number: P18000006579	
	I street address of the current registered agent tment of State: (If resigned, enter resigned)	and registered office on file with the	
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	7351 OFFICE PARK PLACE, SUITE 153		
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	6767 N. WICKHAM ROAD, SUITE 4001		
	P.O. Box NOT	acceptable	
	MELBOURNE, FL 32940-2025		
The street address changed will	ess of its registered office and the street addr be identical.	ess of the business office of its registe	red agent,
Such change was authorized by the	as authorized by resolution duly adopted by board, or the corporation has been notified	ts board of directors or by an officer of in writing of the change.	so .
16 91	PR	ESIDENT	
- •	re of an officer or director	Printed or typed dame and title	
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as registered agent and agent to comply with the provisions of all statutes of I am familiar with and accept the obligation of the merely to reflect a change in the region of this change.	ree to act in this capacity. relative to the proper and complete pe on of my position as registered agent. istered office address, I hereby confir	rformance Or, if this m that the
7 8		/4/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T,	ypod or Printed Name		
	* * * FILING FEE: \$	35.00 * * *	
	MAKE CHECKS PAYABLE TO FLORID	DEPARTMENT OF STATE	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)