

P1300000 T709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JA 10/07/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Glass by TC of Volusia County, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P18000007709

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 C. Karnes

Name of Contact Person

Glass by TC of Volusia County, Inc.

Firm/Company

1323 Grand Ave.

Address

DeLand, FL 32720

City/State and Zip Code

glassbytc1@gmail.com

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

For further information concerning this matter, please call:

Todd C. Karnes

Name of Contact Person

at (386) 804-9939

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Glass by TC of Volusia County, Inc.
2. The principal office address: 1323 Grand Ave., DeLand, FL 32720
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/23/2018 Document number: P18000007709
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)

Todd C. Karnes

119 1/2 Westwood Ave.

DeLand, FL 32720

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

Todd C. Karnes

1323 Grand Ave.

P.O. Box NOT acceptable

DeLand, FL 32720

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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.

Todd C. Karnes

Signature of an officer or director

Todd C. Karnes, 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.

Todd C. Karnes

Signature of Registered Agent

8/17/2020

Date

If signing on behalf of an entity:

Todd C. Karnes

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