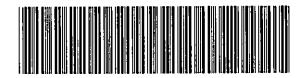
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(Ře	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JAN 0 9 2020 I ALBRITTON



TO:

Amendment Section Division of Corporations

SUBJECT: Number one Window Cleaning, Inc. Name of Corporation		
DOCUMENT NUMBER: P190000056766		
The enclosed Statement of Change of Registered Office/Agent and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter to the following:		
Scott Salerno		
Name of Contact Person NUMBER ONE WINDOW CLEANING, INC.		
Firm/Company 11269 152nd Street North		
Address Jupiter, FL 33478		
City/State and Zip Code scottsalemo@yahoo.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Scott Salerno at (561) 294-5	5095 time Telephone Nu	
Name of Contact Person Area Code & Day	time relephone int	

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

CR2F045 (04/13)



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2019

SCOTT SALERNO 11269 152ND STREET NORTH JUPITER, FL 33478

SUBJECT: NUMBER ONE WINDOW CLEANING INC

Ref. Number: P19000056766

We have received your document for NUMBER ONE WINDOW CLEANING INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Irene Albritton
Regulatory Specialist II

COLOGI

Letter Number: 619A00026104

	er to change its registered offic	ntion organized under the laws of the State of Florida se or registered agent, or both, in the State of Florida.	
1. The name of	the corporation:	Vindow Cleaning, Inc.	
2. The principal office address:			
3. The mailing	address (if different):		
4. Date of inco	poration/qualification: Document number: P19000056766		
	nd street address of the current reartment of State: (If resigned, cr	registered agent and registered office on file with the inter resigned)	
	Scott Salerno		
	1095 Military Trail, Jupiter, Flo	orida 33458	
6. The name ar (if changed):		istered agent (if changed) and /or registered office 22	
	Scott Salerno		
	11269 152nd Street North, Jup		
		P.O. Box NOT acceptable	
The street add	ress of its registered office and	the street address of the business office of its registered agent,	
		aly adopted by its board of directors or by an officer so as been notified in writing of the change.	
authorized by	$+\lambda$	Scott Salerno President	
authorized by	1 Saloz		
Signal I hereby accep I further agree of my duties, a document is be	ture of an officer or director of the appointment as registered to comply with the provisions and I am familiar with and accepting filed merely to reflect a chas been notified in writing of the	Printed or typed name and title d agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this hange in the registered office address. I hereby confirm that the his change.	
Signal I hereby accep I further agree of my duties, a document is be	of the appointment as registered to comply with the provisions and I am familiar with and according filed merely to reflect a ch	d agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this hange in the registered office address. I hereby confirm that the	
I hereby accept further agree of my duties, a document is be corporation he	of the appointment as registered to comply with the provisions and I am familiar with and according filed merely to reflect a ch	d agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this hange in the registered office address. I hereby confirm that the his change.	

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