

P190000 056 166

(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



600337297936

11/22/19 --01029--005 \*\*55.00

FILED

2020 JAN -9 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R0/chg

JAN 09 2020

ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NUMBER ONE WINDOW CLEANING, INC.

Name of Corporation

**DOCUMENT NUMBER:** P19000056766

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:

*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

scottsalerno@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 ) 294-5095

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



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

Letter Number: 619A00026104

2020 JAN -9 PM 7:14

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
DIVISION OF 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: Number One Window Cleaning, Inc.  
2. The principal office address: 1095 Military Trail, Jupiter, Florida 33458

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/10/2019 Document number: P19000056766

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)

Scott Salerno

1095 Military Trail, Jupiter, Florida 33458

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

Scott Salerno

11269 152nd Street North, Jupiter, Florida 33478

P.O. Box NOT acceptable

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.

Scott Salerno  
Signature of an officer or director

Scott Salerno 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.

Scott Salerno  
Signature of Registered Agent

01/06/2020

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

CR2E(045 (04/13)

FILED  
2020 JAN -9 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA