

P94 000020084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

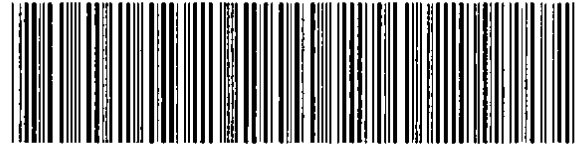
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Stolze Door Company dba Overhead Door Company of Clearwater  
Name of Corporation

**DOCUMENT NUMBER:** P94000020084

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:

Angela Archer

Name of Contact Person

Stolze Door Company dba Overhead Door Company of Clearwater

Firm/Company

12855-A Daniel Dr

Address

Clearwater, FL 33762

City/State and Zip Code

angie@overheadclw.com

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

For further information concerning this matter, please call:

Angela Archer

Name of Contact Person

at ( 727 ) 524-1000

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: Stolze Door Company dba Overhead Door Company of Clearwater

2. The principal office address: 12855-A Daniel Dr; Clearwater, FL 33762

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P94000020084

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)

Gloria J McCloskey

2848 Quail Hollow Rd

Clearwater, FL 33761

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

Gloria J McCloskey

12855-A Daniel Dr

P.O. Box NOT acceptable

Clearwater, FL 33762

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.

Angela B. Archer  
Signature of an officer or director

Angela B Archer, Secretary

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.*

Gloria J McCloskey  
Signature of Registered Agent

7/26/2023

Date

If signing on behalf of an entity:

Gloria J McCloskey

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  
CR2E045 (04/13)