

P94000021761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

11/20/20

On

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Weathermaster Building Products, Inc.
Name of Corporation

DOCUMENT NUMBER: 194000021761

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:

Janeen M Swanson

Name of Contact Person

Weathermaster Building Products, Inc.

Firm/Company

112 Central Park Place

Address

Sanford, FL 32771

City/State and Zip Code

janeen@wmwindows.com

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

For further information concerning this matter, please call:

Janeen M Swanson

Name of Contact Person

at (407)

936-2016

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: Weathermaster Building Products, Inc.
2. The principal office address: 112 Central Park Place, Sanford FL 32771
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/02/PM Document number: P94000021761
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)

Michael E Milne

545 Delaney Ave / Building 7

Orlando, FL 32801

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

Michael E Milne

301 E Pine Street / Suite 525

P.O. Box NOT acceptable

Orlando, FL 32801

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

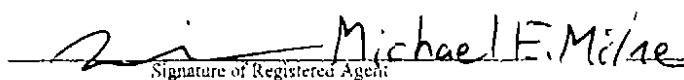
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Janelle M Swanson

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.

 Michael E. Milne 9/2/20
Signature of Registered Agent 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
CR2E045 (04/13)

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TALLAHASSEE, FL