P99000040452

(Req	uestor's Name)	
(Addı	ess)	-
(Addi	ess)	
(City/	State/Zip/Phone #)	<u> </u>
PICK-UP		MAIL
O :	F-Ri M- in	
(Busi	ness Entity Name)	
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SECRETARY OF STATIONS DIVISION OF CORPORATIONS

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: High Performance Glass & Tint Company Inc. (Name of Corporation)			
DOCUMENT NUMBER: P99000040452			
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:			
Paul Stephens (Name of Contact Person)			
(Name of Contact Person)			
High Performance Glass & Tint Company Inc.			
(Firm/Company)			
P.O. Box 18425 (Address)			
Panama City Reach Florida 32417 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Paul Stephens at (850) 230-1918 (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 Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organize in order to change its registered office or registere	ed under the laws of the State of $\underline{{ t Flor}}$	ida
1. The name of the corporation: High Performance	ce Glass & Tint Company	Inc.
2. The principal office address: 1131 Hwy 90		
Chipley Florida	32428	
3. The mailing address (if different): P.O Box 1842!	5	
Panama_City_Be	each Fl 32417	
4. Date of incorporation/qualification: <u>04/30/99</u>	Document number: P99000404	152
5. The name and street address of the current registered age: Florida Department of State:	nt and registered office on file with the	
Garry B Jones		
705 Gulfview Dr		
Panama City Beach Flor	rida 32413	g.
6. The name and street address of the new registered agent (if changed):	(if changed) and /or registered office	SEGRETARY OF OR ATIONS NUSION OF EB 11 AM 9: 52
Paul Stephens		
1131 Hwy 90		圣
(P.O. Box NOT acceptable) Chipley Florida 32428	····	ORPORATIONS 1 M 9: 52
The street address of its registered office and the street ad as changed will be identical.	dress of the business office of its regist	tered agent,
Such change was authorized by resolution duly adopted by authorized by the board of the corporation has been notification.	by its board of directors or by an officer fied in writing of the change.	r so
(Sygnatury of an officer or director)	Gary B. Jones Pre	sident
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statut of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	•	
Del Carolin	2-7-08	
(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 (8/05)