P99000048445

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TO: Amendment Section Division of Corporations

SUBJECT: C.D.M. Windows & Door, Inc. Name of Corporation

DOCUMENT NUMBER: P99000048445

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:

Michael P. Peterson, Esq. Name of Contact Person Peterson Baldor & Maranages PLLC Firm/Company 8000 SW 117 Avenue, Suite 206 Address Miami, Florida 33183 City/State and Zip Code michael@pbmlegal.net E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael P. Peterson	at $(\frac{305}{270-3773})$
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

 The name of t The principal 	he corporation: <u>C.D.M. Windows & Door</u> , office address: <u>8301 Northwest 27th Street</u> .	Inc. Suite 9 and 10, Doral, Florida 33422			
<u> </u>					
•	ddress (if different):				
4. Date of incorp	oration/qualification: 05/27/1999	Document number:	·		
5. The name and Florida Depar	street address of the current registered ag them to f State: (If resigned, enter resigned)	ent and registered office on file with the b			
	Carlos E. Dotres		4.5	~ 1	
	8301 NW 27th Street, Suite 9 and 10			2020 AUG 3 I	ي موالي م م
	Doral, Florida 33122			1 10 3	j i santara santara
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				1 PM 4: 00	í m
	Peterson Baldor & Maranges PLLC		STAT	l: 0	Ú
	8000 Southwest 117th Avenue, Suite 206		נייז	თ	
	PO Box	NOT acceptable			

Miami, Florida 33183

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 authorized by the board of the corporation has been not	by its board of directors or by an officer so
	Lysen Abalavoz, CFD - Apout
Signature of an officer or director	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. Thereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

If signing on behalf of an entity:

Eyped 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)