(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Busi	ness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



300208705043

06/13/11--01007--004 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: ACCENT ALUMINUM CONSTRUCTION, INC. Name of Corporation					
DOCUMENT NUMBER: P99000105058					
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:					
Kim Stanfield					
Name of Contact Person					
The Hogan Law Firm Firm/Company					
20 So. Broad Street					
Address					
Brooksville, Florida 34601 City/State and Zip Code					
City/State and Zip Code					
kstanfield@hoganlawfirm.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Kim Stanfield at (352) 799-8423 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

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

statement of ch	ange is submitted for a c	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta d agent, or both, in the Stat	te of Florida
1. The name of	the corporation: ACCI	ENT ALUMINI	UM CONSTRUCTI	ON, INC.
	l office address: 17410	NICASIO JAY	AVE	
BROOKS	VILLE FL 34614			
3. The mailing	address (if different):		<u>, , , , , , , , , , , , , , , , , , , </u>	
4. Date of incor	poration/qualification:	10/14/1999	Document number:	P99000105058
	d street address of the cu artment of State: (If resign		nt and registered office on f	ile with the
	CHANEY, WILLIA	M C		
	17410 NICASIO J	AY AVE		= 3 Table
	BROOKSVILLE F	L 34614		
6. The name and (if changed):	d street address of the ne	w registered agent (if changed) and /or register	ed office
	The Hogan Law F	irm, LLC		ىن ىن تى
	20 So. Broad Stre			.
	Brooksville, Florida	P.O. Box NOT ac	ceptable	
=	ess of its registered office be identical.	ce and the street add	he business office	
Such change wauthorized by the	as authorized by resolut he board, or the corpora	tion duly adopted by	board of directors or d in writing of the chang	by an officer so
WSU iv	ure of an officer or director	-	William C. Printed or typed name	Chaney
I jurther agree of my duties, an document is bei	the appointment as reg to comply with the prov ad I am familiar with an ing filed merely to reflet s been notified in writin	isions of all statute. d accept the obliga ct a change in the re	gree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
L blogg	nature of Registered Agent		05/31 /2 Date	011
If signing on be	chalf of an entity:	ı		
	n Hogan, Esq., Mana	ager		
	yped or Printed Name	·		

* * * FILING FEE: \$35.00 * * *