Division of Corporations

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Division of Corporations

Fax Number : (850)617-6380

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Account Number : FCA000000023 Phone : (850)222-1092

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the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE SUNBURST SHUTTERS FLORIDA, INC.

R. WHITE

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COVER LETTER

	n of Corporations			
SUBJECT:	NBURST SHUTTERS FLORIDA, INC.			
SOBJECT:	Name of Co	rporation		
DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
	Tracy Petit			
	Name of Con	tact Person		
SUNBURST SHUTTERS NEVADA, INC.				
Firm/Company				
	10091 Park Run Dr., Suite 190			
Address				
Las Vegas, NV 89145				
	City/State and Zip Code			
	tpetitt@sunburstsbutters.com			
	E-mail address: (to be used for fi	uture annual report notification)		
For further inf	ormation concerning this matter, please	call:		
Tracy Petitt		702 870-4488 .		
Carlot van .	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a S	35.00 check made payable to the Depart	ement of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

CR2E045 (03/12)

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

statement of change	is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this szed under the laws of the State of Florida red agent, or both, in the State of Florida.
	orporation: SUNBURST SHUTTERS I	
2. The principal offi-	ce address: 6524 ALL AMERICAN HI	VD ORLANDO, FL 32810
3. The mailing addre	ess (if different): 6524 ALL AMERICA	N BLVD ORLANDO, FL 32810
4. Date of incorpora	tion/qualification: 01/25/1991	Document number: S82590
5. The name and stre		gent and registered office on file with the
НА	insen, todd k	ALLE S
652	24 ALL AMERICAN BLVD	2000年
OR	LANDO, FL 32810	ن س رئيز
6. The name and str (if changed):	eet address of the new registered ager	at (if changed) and /or registered office
C.	T Corporation System	
c/o	C T Corporation System, 1200 South P	ine Island Road
	P.O. Box NOT	acceptable
Pia	intation, Florida 33324	
		by its board of directors or by an officer so tiffied in writing of the change.
		Don Boadway/ member
I hereby accept the I further agree to c performance of my agent. Or, if this d	m officer or director appointment as registered agent an omply with the provisions of all state duites, and I am familiar with and a ocument is being filed merely to refle t the corporation has been notified is	Printed or typed name and tille d agree to act in this capacity, utes relative to the proper and complete coept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.
By: Day Day	stion System modification Agent	08/30/2013
If signing on behal	ν	
Don Boadway		
	or Printed Name	
	* * * FILING FE	E: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)