

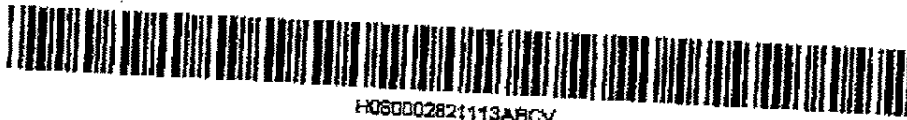
03000050795

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : THE FARR LAW FIRM  
Account Number : 103654001666  
Phone : (941) 639-1158  
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REGISTERED AGENT CHANGE

HOMETOWN PLUMBING, LLC

Certificate of Status	0
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11/27/2006

STATE FORM LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the limited liability company is: HOMETOWN PLUMBING, LLC
- 2. The mailing address of the limited liability company is : P. O. BOX 1573, ENGLEWOOD, FLORIDA 34295
- 3. Date of filing/registration in Florida DECEMBER 8, 2003
- 4. Document number L03000050795

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

DOROTHY L. KORSZEN  
Name  
99 NESSBIT STREET  
Address  
PUNTA GORDA, FL 33950  
City, State and Zip

6. The name and address of the new registered agent and/or office:

MELANIE HOYT  
Name  
1715 RIVERSIDE DRIVE  
Florida street address (P.O. Box NOT acceptable)  
ENGLEWOOD FL 34223  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Wayne C. Hoyt  
(Signature of a member or authorized representative of a member)

WAYNE C. HOYT  
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Melanie Hoyt  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

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