

M 1400000 1397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900311430109

04/05/18--01018--004 **25.00

B FIGUEROA

APR 09 2018

18 APR -5 AM 9:31

DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEAS AND HIS PLUMBING, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLIE BOUFE
Name of Person

HEAS AND HIS PLUMBING, LLC
Firm/Company

2963 FOSTER CREIGHTON DR
Address

NASHVILLE, TN 37204
City/State and Zip Code

CBoufe@HeasandHisPlumbing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLIE BOUFE at (615) 254-5750
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: MERS AND HIS PLUMBING, LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

2963 FOSTER CREIGHTON PARK
MASHVILLE, TN 37204

2-28-14
 Date of filing/registration in Florida

M1400001397
 Document number

5. (a) CT CORPORATION SYSTEM
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOLIM PINE ISLAND ROAD
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PLANTATION, FL 33324

(b) CHARLES BONFE
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

400 FRANDORSON CIR
NEW Registered Office Address:
103
APOLLO BEACH, FL 33572

10 APR -5 AM @ 514
 DIVISION OF CORPORATIONS
 FILING

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.

[Signature]
 Signature of a member of authorized representative of a member

Charles Bonfe
 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 605, 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.

[Signature]
 Signature of Registered Agent