

P11000076433

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850) 878-5368

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG - 8 PM 3: 15

REGISTERED AGENT CHANGE
HAWAIIAN ISLE PUMP & MECHANICAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hawaiian Isle Pump & Mechanical, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000076433

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:

Linda Stauffer
Name of Contact Person
NRAI Corporate Services
Firm/Company
1021 Main Street, Suite 1150
Address
Houston, TX 77002
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Stauffer, NRAI Corporate Services at (800) 862-5438
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)



August 8, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HAWAIIAN ISLE PUMP & MECHANICAL, INC.
45-663 APAPANE STREET
KANEOHE, HI 96744

SUBJECT: HAWAIIAN ISLE PUMP & MECHANICAL, INC.
REF: P11000076433

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The correct document number for this corporation is P11000076433.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H13000176254
Letter Number: 013A00019065

RECEIVED

13 AUG -8 AM 8:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hawaiian Isle Pump & Mechanical, Inc.
2. The principal office address: 4401 67th Ave N, Pinellas Park, FL 33781

3. The mailing address (if different): 45-663 Apapane Street, Kaneohe, HI 96744

4. Date of incorporation/qualification: 08/26/2011 Document number: P11000076433

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (if resigned, enter resigned)

United States Corporation Agents, Inc.
13302 Winding Oaks Ct Suite A
Tampa, FL 33612-3425

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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 by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] Warren Darick, President
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, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature] 8/7/13
Signature of Registered Agent Date

If signing on behalf of an entity:
Linda Stauffer, Assistant Secretary
Typed 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

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