## P17000021551

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(,,,				
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C. GOLDEN
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: M & L POOL PLUMBING, CORP

Name of Corporation

DOCUMENT NUMBER: P17000021551

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:

MODESTO CABO JR

Name of Contact Person

M & L POOL PLUMBING CORP

Firm/Company

10527 CHADBOURNE DR

Address

TAMPA, FL 33624

City/State and Zip Code

modestocabojr@gmail.com

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

For further information concerning this matter, please call:

MODESTO CABO JR

Name of Contact Person

at (813 ) 5282927

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

## 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: M & L Pool Plumbing, Corp				
2. The principal office address: 10527 CHADBOURNE DR				
TAMPA, FL 33624				
3. The mailing address (if different): SAME AS ABOVE				
4. Date of incorporation/qualification: 03/06/2017 Document number: P17000021551				
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)				
	MODESTO CABO JR			
	7718 HINSDALE DR		2019	
	TAMPA, FL 33615		6- TNF 6102	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	MODESTO CABO JR	<u>.</u>	.: 8: <b>)</b>	
10527 CHADBOURNE DR				
P.O. Box NOT acceptable				
	TAMPA, FL 33624			
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 the	s/authorized by resolution duly adopted pourly, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so	
	of spatieer or director	MODESTO CABOR JR		
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 duifes, and Nam familiar with and accept the obligation of my position as registered agent. Or, if this apcument is being filed merely to reflect a change in the regisiered office address, I hereby confirming the corporation has been notified in writing of this change.				
JAX.		07/04/2019		
*	attire of Registered Agent	Date		
If signing on beh	alf of an entity:			
Ту	ped or Printed Name			

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

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