I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANNETTE G BUTLER

Electronic Signature of Signing Officer/Director Detail

Officer/Directo	T Deteil .
Officer/Directo	or Detail :

Title	VP, SECRETARY, CHAIRMAN,	Title	PRESIDENT, TREASURER, DIRECTOR
_		Name	ROBERT ALLAN, BUTLER
Name	BUTLER, ANNETTE G	Address City-State-Zip:	629 SW 161 TERRACE
Address	629 SW 161 TERRACE		NEWBERRY FL 32669
City-State-Zip:	NEWBERRY FL 32669		

BUTLER, ANNETTE G 629 SW 161 TERRACE NEWBERRY, FL 32669 US

Name and Address of Current Registered Agent:

Entity Name: BUTLER PLUMBING OF GAINESVILLE, INC.

Current Principal Place of Business:

629 SW 161 TERRACE NEWBERRY, FL 32669

Current Mailing Address:

629 SW 161 TERRACE NEWBERRY, FL 32669 US

FEI Number: 59-1921364

SIGNATURE: ANNETTE G BUTLER

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

	Electronic Signature of Registered Agent		Date			
cer/Director Detail :						
	VP, SECRETARY, CHAIRMAN,	Title	PRESIDENT, TREASURER, DIRECTOR			
	DIRECTOR	Name	ROBERT ALLAN, BUTLER			
Э	BUTLER, ANNETTE G	Address	629 SW 161 TERRACE			
ess	629 SW 161 TERRACE	Address	629 SW 101 TERRACE			
		City-State-Zip:	NEWBERRY FL 32669			

VICE PRESIDENT

03/20/2019

Date

FILED Mar 20, 2019 Secretary of State 9554611191CC

03/20/2019

Certificate of Status Desired: No