124707

(Requestor's Name)					
(Address)					
(1.00.000)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
_					
(Business Entity Name)					
(Document Number)					
Cortified Conies Contilientes of Status					
Certified Copies Certificates of Status					
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SECRETARY OF STAILS

C.COULLIETTE

OCT 1 0 2011

EXAMINER

COVER LETTER

DOCUMENT NUMBER: The enclosed Statement of Change of Reg Please return all correspondence concerni	gistered Office/Agent and fee are submitted for filing. Ing this matter to the following: CHARLES D ERMER Name of Contact Person						
The enclosed Statement of Change of Reg Please return all correspondence concerni	124707 gistered Office/Agent and fee are submitted for filing. ing this matter to the following: CHARLES D ERMER Name of Contact Person HT WAY PLUMBING CO.						
The enclosed Statement of Change of Reg Please return all correspondence concerni	cistered Office/Agent and fee are submitted for filing. Ing this matter to the following: CHARLES D ERMER Name of Contact Person HT WAY PLUMBING CO.						
Please return all correspondence concerni	CHARLES D ERMER Name of Contact Person HT WAY PLUMBING CO.						
·	CHARLES D ERMER Name of Contact Person HT WAY PLUMBING CO.						
	Name of Contact Person HT WAY PLUMBING CO.						
	Name of Contact Person HT WAY PLUMBING CO.						
RIGHT WAY PLUMBING CO.							
1	1329 SHOTGUN ROAD						
	Address						
SUNRISE, FL 33326 City/State and Zip Code							
City/state and Zip Code							
CERMER@RIGHTWAYPLUMBING.COM							
E-mail address: (to b	be used for future annual report notification)						
For further information concerning this m	atter, please call:						
CHARLES D ERMER	954 3 423 0000						
Name of Contact Person	at (954) 423-0000 Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable	to the Department of State.						
Mailing Address Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	poration Amendment Section porations Division of Corporations Clifton Building						

TO:

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

statement of cha	nge is submitted for a corp	poration organi	, 607,1508, or 617,1508, Florida zed under the laws of the State of red agent, or both, in the State of I	FLORIDA	
1. The name of t	the corporation: RIGHT	WAY PLU	MBING CO.	<u> </u>	
	office address: 1329 SF , FL 33326		AD		
3. The mailing a	ddress (if different):	-			
4. Date of incorp	poration/qualification:	1931	Document number:	124707	
	I street address of the curre tment of State: (If resigned		ent and registered office on file w)	ith the	
	CHARLES D. ERME	ER			
	3460 WINDMILL RA	NCH ROAD		_	
	WESTON, FL 3333	1		_ _	. <u></u>
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):				fice OCT -7	NSION I
	CHARLES D. ERME	ER			CENT CENT
	1730 SE 7th STREE	Т		_ 7	0.00 30
	FT. LAUDERDALE,	P.O. Box NOT	acceptable	ıä	No.
erri				- 20	<u>~</u>
The street address changed will	ess of its registered office be identical.	and the street a	ddress of the business office of i	ts registered agent,	-
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	n duly adopted on has been not	by its board of directors or by an ified in writing of the change.	officer so	
Signatur	to of an officer of director		CHARLES D. EF	RMER PRES.	
		tered agent and ions of all statu accept the oblig a change in the of this change.	agree to act in this capacity tes relative to the proper and con action of my position as registere registered office address, I here		! !
0	1		10/03/11		
Sign	nature of Registered Agent	<u></u>	Date		
It signing on be	half of an entity:				
	ARLES D. ERMER yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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