392548

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PICK-UP WAIT MAIL						
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(Business Entity Name)						
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R.A. Change C.COULLIETTE

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EXAMINER

STONE & GERKEN, P.A.

ATTORNEYS AT LAW

4850 N. Highway 19A Mount Dora, Florida 32757 (352) 357-0330 Fax (352) 357-2474 Lakeside Office Fax (352) 357-5445

LEWIS W. STONE SCOTT A. GERKEN KATRINA M. THOMAS KEVIN M. STONE BENJAMIN M. BOYLSTON

January 7, 2011

Division of Corporations Amendment Section P. O. Box 6327 Tallahassee, FL 32314

Re: Tamsett Plumbing Inc.

Dear Sir or Madam:

Enclosed please find a Statement of Change of Registered Agent for the above referenced entity. Our firm-check in the amount of \$35.00 is enclosed to cover this change.

Should you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,

Scott A. Gerken

. Gerken kak

SAG:cak

Enclosures

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

	the corporation: Tamse					
2. The principa	office address: 15311 C	Old Highway 4	41 South, Building G	·		
Tavares,	FL 32778					
3. The mailing	address (if different):					
	116	1071	D	392548		
			Document number:			
	artment of State: (If resigne	d, enter resigned)	nt and registered office on fi			
	Edec W. Robi	nson	5 7			
	2720 Sand	spur Pr		• ,		-
	Mount Dor	a FL 327	57		===	SZ ZZV
6. The name ar (if changed):		registered agent ((if changed) and /or registere	ed office	11 JAN 10	ION.OF
	Jerrad Tamsett			<u>-</u>	₽	70 20 20 20 20 20 20 20 20 20 20 20 20 20
,	15311 Old Highway			·	<u>공</u>	ORA ORA
	T	P.O. Box NOT a	cceptable		(40	ਕੂਜ
	Tavares, FL 32778					7.
The street add as changed wi	ress of its registered office Il be identical.	e and the street ac	Idress of the business office	e of its registered a	gent,	
Such change vauthorized by	he board or the corporati	on duly adopted b on has been notif	by its board of directors or intended in writing of the chang	by an officer so e.		
MATTE	ture of an officer of director		Jerrad Ta			
		stered agent and sions of all statut accept the oblig a change in the of this change.	agree to act in this capacit es relative to the proper an ation of my position as reg registered office address, I		nanc if thi at the	e S
			1-7-11			
S	ignature of Registered Agent		Date			
If signing on b	ehalf of an entity:					
	Typed or Printed Name					

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