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REGISTERED AGENT CHANGE WOODHAM PLUMBING CO., INC.

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2023 JAN 24 AM 8:

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

statement of cha	provisions of sections 607,0502, 617,0502, ange is submitted for a corporation organize er to change its registered office or registere	ed under the laws of the State of	
1. The name of	the corporation: Woodham Plumbing (Co., Inc.	
	office address: 7901 4th St N STE 300		
St. Petersbu			
3. The mailing a	address (if different): 7901 4th St N ST	E 300 St. Petersburg FL 33702	2
	poration/qualification: 11/08/77		
	d street address of the current registered age artment of State: (If resigned, enter resigned)		e
	WILKINSON, THOMAS C.		
	115 NORTH JEFFERSON S	TREET	
	MARIANNA. FL 32446		2023 555 557
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	2023 JAN 24 AM SECHALIVARY OF TALLIVARY SE
	Registered Agents Inc		SSE
	7901 4th St N STE 300		元 8. 5.
	St. Petersburg FL 33702	OF acceptable	
The street address changed will	ess of its registered office and the street ad I be identical.	dress of the business office of its reg	gistered agent.
Such change wa authorized by the	as authorized by resolution duly adopted be board, or the corporation has been notif	y its board of directors or by an officied in writing of the change.	eer so
Rutun		Robin Jones	
•	ere of an officer for director	Printed or typed name and title	
l further agree a of my duties, an docúment is bei	t the appointment as registered agent and a to comply with the provisions of all statute and I am familiar with and accept the obliga- ing filed merely to reflect a change in the r s been notified in writing of this change.	igree to act in this capacity, is relative to the proper and completition of my position as registered agreesstered office address, I hereby co	e performance ent. Or, if this infirm that the
$\overline{1-m} \leq \chi_{S(G)}$		01/24/2023	
Sig	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
David Robe	erts		
I'	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 CR2E045 (04/13)