Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE ROBINSON MECHANICAL CONTRACTORS, INC.

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Certificate of Status	0
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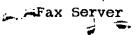
Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3/10/2010



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

		617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Missouri	
		or registered agent, or both, in the State of Florida.	
		CHANICAL CONTRACTORS, INC.	, <u></u>
2. The principal	office address:		_
2411 Walters	Lane, Perryville, MO 63775		-
3. The mailing a	address (if different):		_
4. Date of incor	poration/qualification: 01/10/200	2 Document number: F02000000153	_
	d street address of the current reg rtment of State:	istered agent and registered office on file with the	
	C T Corporation System	دم	
	1200 South Pine Island Road	TALL	
	Plantation, FL 33324	AR I	
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office SSET OF STATE OR 12	, [
	Corporation Service Company	FLS 9.	•
	1201 Hays Street		
	(P.O. Box NOT	'acceptable'	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the identical.	he street address of the business office of its registered agent,	
Such change w authorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
3-i-8	Rul	Francis E. Robinson, President	
	me or an ornices or underest)	(Pauced or typed name and unto) agent and agree to act in this capacity, fall statutes relative to the proper and complete performance to the obligation of my position as registered agent. Or, if this nees in the registered office address, I hereby confirm that the change.	
Corporation	n Sorvice Company	3/1/2	
By: - Clean	ignature of Registered Agent)	(Date)	
,	shalf of an entity:		
Elizabeth A. Da	wson, Asst. Vice President		
	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 (8/05)