

10/20/22, 3:04 PM

Division of Corporations

Florida Department of State
Division of Corporations
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(((H22000360518 3)))



H220003605183ABC.

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Division of Corporations
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From:

Account Name : DELOACH, HOFSTRA & CAVONIS, P.A.
Account Number : I19990000123
Phone : (727)397-5571
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**REGISTERED AGENT CHANGE
SLAUGHTER PLUMBING SERVICE, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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FACSIMILE AUDIT NO.: H22000360518.3

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SLAUGHTER PLUMING SERVICE, INC.
2. The principal office address: 13920 WALSHINGHAM ROAD, LARGO FL 33774
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/15/1983 Document number: Q23985
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

O. STEPHEN THACKER, ESQ.407 S EWING AVECLEARWATER FL 33765

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

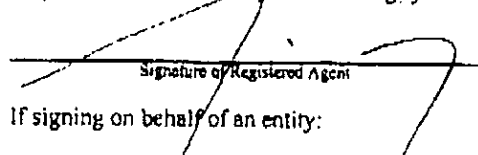
DeLOACH, HOFSTRA & CAVONIS, P.A.8640 SEMINOLE BLVD.P.O. Box NOT acceptableSEMINOLE FL 33772

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Paul H. Jewell, PresidentPaul H. Jewell, President (Oct 13, 2022 1:17 EDT)Signature of an officer or directorPAUL H. JEWELL, PRESIDENTPrinted or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent
 If signing on behalf of an entity:
JOSEPH M. MURPHY, ESQ.
Typed or Printed Name

Oct 13, 2022Date

*** 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)

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