L07000000/13

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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN

FEB 1 9 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MULLINS PLUMBING UC
(Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MATT M. MULLINS
MATT M. MULLINS (Name of Person)
(Name of Person) WULLIN 5 PLUMBING 24 C (Firm/Company)
4925 Or. MARTIN LUTHER IZING Tr. St. N. (Address)
St. PETE F1. 33703 (City/State and Zip Code)
For further information concerning this matter, please call:
MATT MULLINS at ()27) 519. 3989 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\times \text{ S55 Filing Fee & Certified Copy}

INHS18 (8/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2008

MATT M. MULLINS ... MULLINS PLUMBING LLC 4925 DR. MARTIN LUTHER KING JR ST. N ST. PETE, FL 33703

SUBJECT: MULLINS PLUMBING LLC

Ref. Number: L07000000113

We have received your document for MULLINS PLUMBING LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II Letter Number: 508A00009053

OBFEB 18 PM 3: 28

Division of Comparations DO DOY 6297 Tallahassas Florida 20214

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: MULLINS PLUMBING 26C.
2. The mailing address of the limited liability company is: 4925 Dr. MARTIN LUTHER
KING Jr. St. N. St. PETERSBURG F1. 33703
12-29-06
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 13 USINESS FILINGS INCORPORATED
Plorida Department of State: \[\begin{align*} &
City, State and Zip
6. The name and address of the new registered agent and/or office:
MATT M. MULLINS
MATT M. MULLINS 4925 Dr. MARTIN CUTHER KING Fr. St. No.
Florida street address (P.O. Box NOT acceptable)
St. PETERSBURG FL 33703
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is here confirmed that after the change or changes are made, the Florida street address of the registered efficiency and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative voted of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.
MATT M. MULLINS (Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address? I hereby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00