

24000021232

(Requestor's Name)

VOID

DUPLICATE FILING

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

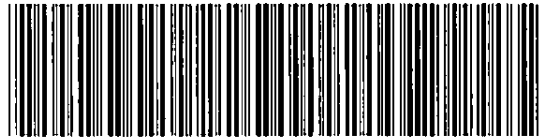
Special Instructions to Filing Officer:

VOID

Wm. H. S.

Office Use Only

DUPLICATE FILING



200427009202

04/03/24--01017--004 \*\*25.00

VOID

FILED  
2024 APR -3 PM 1:52  
STONY BROOK, NY  
TALBOT COUNTY CLERK

VOID

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PIPE WIZARD DRAIN CLEANING PLUMBING AND LEAK DETECTION SERVICES LLC  
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:

Michael Serrano

Name of Person

ZenBusiness Inc.

Firm/Company

336 E. College Ave. Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

ra@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Serrano

844

493-6249

at ( )

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

VOID

VOID

VOID

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: PIPE WIZARD DRAIN CLEANING PLUMBING AND LEAK DETECTION SERVICES LLC

2. (a) 504 ROBIN ROAD

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

MONTICELLO, FL 32344

(b) 504 ROBIN ROAD

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

MONTICELLO, FL 32344

01/12/2024

124000027232

3. Date of filing/registration in Florida

4. Document number

5. (a) MCNAUGHTON, ROBERT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

504 ROBIN ROAD

Registered Office Address (ST BE FLORIDA STREET ADDRESS)

Monticello, FL 32344

(b) ZenBusiness Inc

Enter name of NEW Registered Agent and/or NEW Registered Office address:

336 E. College Ave. Suite 301

NEW Registered Office Address:

Tallahassee, FL 32301

FILED  
2024 APR -3 PM 1:52  
TALLAHASSEE  
VOID

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office 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 vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Robert Mcnaughton

Signature of a member or authorized representative of a member

Robert Mcnaughton

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 605, 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

[Signature]

Signature of Registered Agent

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

VOID

VOID