164139

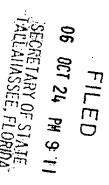
(Re	equestor's Name)				
(Ac	ldress)				
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(Cit	ty/State/Zip/Phone	• #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
•	·	·			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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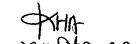
Office Use Only



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10/24/06--01042--018 **210.00





COVER LETTER

Division of Corporations					
AMEDITECH DI IMPINO INC					
SUBJECT: AMERI-TECH PLUMBING, INC. (Name of Corporation)					
` .	,				
DOCUMENT NUMBER: L64139					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MICHAEL J. MCCLUSKEY					
(Name of Contact Person)					
FOX, WACKEEN, DUNGEY, et al (Firm/Company)					
(Firm/Company)					
3473 SE WILLOUGHBY BOULEV (Address)	ARD				
(Address)					
OTHART EL 04004					
STUART, FL 34994 (City/State and Zip Code)					
• • • • • •					
For further information concerning this matter, please call:					
ALICE LYONS at (7)	72) 287-4444 EXT 205 rea Code & Daytime Telephone Number)				
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)				
Fuelesad is a \$25,00 shoots made moughts to the Donatics at a \$60.00					
Enclosed is a \$35.00 check made payable to the Department of State.					
77 111	G				
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
	Tallahassee FL 32301				

TO:

Amendment Section

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

statement of cha	inge is submitted for a cor	.0502, 617.0502, 607.1508 poration organized under to office or registered agent,	the laws of the State of _	FLORIDA
1. The name of	the corporation: AMERI-	TECH PLUMBING, IN	IC.	
2. The principal	office address: 560 NW	INTERPARK PLACE,	ST LUCIE WEST, F	L 34986
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 4/6	6/1990 Docu	ment number: L64139)
	d street address of the currettment of State:	ent registered agent and reg	gistered office on file wi	th the
	MICHAEL J. MCC	CLUSKEY		
	1100 S FEDERA	L HIGHWAY		
	STUART, FL 349	994		-
6. The name and (if changed):	d street address of the new	registered agent (if change	ed) and /or registered off	_
	MICHAEL J. MC	CLUSKEY, ESQ.		1905 1905 1906
	3473 SE WILLO	UGHBY BOULEV	ARD	製品
	STUART, FL 34	ox NOT acceptable)		SSE P
	ess of its registered office be identical.	and the street address of on duly adopted by its boa on has been notified in wi		<u> </u>
(Signati	ure of an officer or director)		(Printed or typed name and	title)
(Si	the appointment as regis to comply with the provis ad I am familiar with and ing filed merely to reflect is been notified in writing gnature of Registeral Agant) chalf of an entity:	tered agent and agree to ions of all statutes relativ accept the obligation of a change in the registere of this change.	act in this capacity, we to the proper and con my position as registered d office address, I hered 10 20 06 (Date)	nplete performance d agent. Or, if this by confirm that the
	Typed or Printed Name)			

* * * FILING FEE: \$35.00 * * *