P01000034265

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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TO: Amendment Section Division of Corporations
SUBJECT: C. M. TIL MECHANICAL, INC (Name of Corporation)
DOCUMENT NUMBER: PO100034265
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
KATHRYN MURRAY (Name of Person)
C. M. III MECHANICAC, INC (Name of Firm/Company)
/6/1 FAYE ROAD (Address)
JACKSONVILLE FC 32218 (City/State and Zip Code)
For further information concerning this matter, please call:
1647710361 24400031

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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: C. M. TII MECHANICAC, INC.
2. The principal office address: 7005 KEITHAN ROAD, JACKSONVILLE, FL 3222
3. The mailing address (if different): /6// FAYE ROAD
JACKSONVILLE, FL 32218
4. Date of incorporation/qualification: $4-1-2001$ Document number: 90100034765
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CLIFFORD H. MURRAY III
1671 FAYE ROAD
JACKSONVILLE, FL 322/8 B
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
KATHRYN MURRAY
/6// FAYE ROAD (P.O. Box NOT acceptable)
JACKSON VILLE, FL 32218
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.
(Signature of an ordinector) CLIFFORD H. MURRAY III VICE-PRESIDE (Printed 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.
Olyford H 18-2005
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
CLIFFORD H. MURRAYTII/CMII MECHANICAL, INC. (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