

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H11000159002 3)))



H110001590023ABCT

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
FLOMCO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	854
Estimated Charge	\$35.00

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Corporate Filing Menu

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FILED
2011 JUN 15 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AOR
6/16/11



June 15, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLOMCO, INC.
5309 MCCOY ROAD
ORLANDO, FL 32812

SUBJECT: FLOMCO, INC.
REF: P02000034408

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please correct the original date of incorporation on line 4. It should be 3-22-02 and please correct the document number. It should be P02000034408.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H11000159002
Letter Number: 811A00014634

RECEIVED
11 JUN 16 AM 8:01
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TALLAHASSEE, FLORIDA

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date of submission 6/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Flomco, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000034408

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 LaPlaca
Name of Contact Person

LaPlaca Law, PC
Firm/Company

50, W. Montgomery Avenue #335
Address

Rockville, Maryland 20850
City/State and Zip Code

Michael@laplacalaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael LaPlaca at (240) 453-9522
Name of Contact Person Area Code & Daytime Telephone Number

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

CR2E045 (8/05)

**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: Flomco, Inc.
2. The principal office address: 2350 N 34th Street North, St. Petersburg, FL 33713
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/27/2002 Document number: P02000034408
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)

Richard L. Stevens

2350 N. 34th ST., Suite #110

ST. Petersburg, FL 33713

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

C T Corporation System

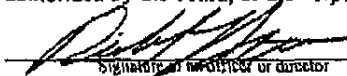
c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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 registered agent or director

RICHARD L. STEVENS, PRESIDENT
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.

By: C-T Corporation System


Signature of Registered Agent

5/27/11

Date

If signing on behalf of an entity:

Jimena Fernandez
Vice President
and Assistant Secretary

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
CR2E045 (8/05)

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