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Law Offices of COOKE & MEUX, P.A.

SUITE 2254, RIVERPLACE TOWER 1301 RIVERPLACE BOULEVARD JACKSONVILLE, FLORIDA 32207-9036

A. HAMILTON COOKE BOARD CERTIFIED WILLS, TRUSTS, AND ESTATES LAWYER

Facsimile: (904) 399-1030

<u>Downtown</u>: (904) 396-5101 <u>SAN MARCO</u>: (904) 398-8086 <u>MANDARIN</u>: (904) 880-6473

JOSEPH CLAY MEUX, JR.

February 16, 2005

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

Re:

Mark Faulkner Plumbing, Inc.

Faulkner Properties, LLC

Dear Sirs:

Please find enclosed a Statement of Change of Registered Office/Agent for each of the above referenced corporations.

Also enclosed are the following checks in payment of the associated filing fees:

- Check #2515 in the amount of \$35.00 made payable to the Department of State; and
- 2. Check #2516 in the amount of \$35.00 made payable to the Department of State.

If you have any questions, please contact our office at your earliest convenience. Thank you for your assistance in this matter.

Sincerely yours

JCM/kah Enclosure

CC:

Debbie and Mark Faulkner

(F:\data\WpDocs\Corporate\Faulkner-Ltr to Div of Corp-Reg Agent Change 021605.wpd)

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: Mark Faulkner Plumbing, Inc.		
	(Name of co	rporation)	
DOCU	JMENT NUMBER: P02000063242		
The en	closed Statement of Change of Registered Office	/Agent and fee are	submitted for filing.
Please	return all correspondence concerning this matter	to the following:	
	Joseph Clay Meux, Jr. (Name of con	tact nerson)	
	(Name of con	taet person)	
	Cooke & Meux, P.A.		
	(Firm/Co	mpany)	
	1301 Riverplace Boulevard, Suite 225 (Addr		
	Jacksonville, FL 32207		
	(City/state an	d zip code)	
For fur	ther information concerning this matter, please ca	all:	
Josepi	n Clay Meux, Jr. (Name of contact person)	_at (_904)	396-5101
	(Name of contact person)	(Area code &	& daytime telephone number)
Enclos	ed is a \$35.00 check made payable to the Departr	nent of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division 409 E. G	ddress: ent Section of Corporations aines Street ee, FL 32399

CR2E045(6/04)

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

statement of ch	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ	nized under the laws of the State of	Florida	this	
	er to change its registered office or regist		Florida.		
1. The name of	the corporation: Mark Faulkner Plumbing	g, Inc.			
2. The principal	l office address: 515 Melba Street, Jacks	sonville, FL 32254-4143			
3. The mailing	address (if different): 1492 Stimson Stree	et, Jacksonville, FL 32205-7369			
4. Date of incor	poration/qualification: 06/07/2002	Document number: P02000	063242		
	d street address of the current registered a artment of State:	agent and registered office on file w	ith the		
	Allen L. Poucher, Jr.		_		
	2705 Riverside Avenue				
	Jacksonville, FL 32205		ALLA	05 FI	
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered of	MASSER MASSER	FEB 18 F	
	Mark Faulkner		- 三	P	
	1492 Stimson Street		082		
	(P.O. Box NOT acceptable	·)	DA DA	ယ	
	Jacksonville, FL 32205-7369		_		
The street addr as changed wil	ress of its registered office and the street I be identical.	address of the business office of	its registe	ered ag	zent,
Such change wanthorized by t	as authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by a otified in writing of the change.	n officer	so	
Med	furth ture of an officer or director)	Mark Faulkner, President (Printed or typed name and	i title)		
	t the appointment as registered agent ar to comply with the provisions of all star nd I am familiar with and accept the ob- ing filed merely to reflect a change in th is been notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and co ligation of my position as register he registered office address, I here c.	mplete p ed agent. eby confi	erform Or, i rm tha	iance f this t the
Mil	Fall-	2-9-2005			
(Si	ignature of Registered Agent)	(Date)			
If signing on be	ehalf of an entity:				
	(Typed or Printed Name)				
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