## Poa00121077

(Requestor's l	Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP W	AIT MAIL			
(Business En	ity Name)			
(Document Number)				
Certified Copies Cert	ificates of Status			
Special Instructions to Filing Office	er:			

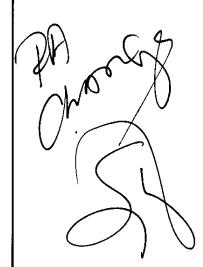
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: Reef Pressure Washing, Inc.	poration)
DOCU	JMENT NUMBER: P02000121077	
The en	closed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to	o the following:
	David C. O'Connell Jr (Name of Conta	act Person)
	Reef Pressure Washing, Inc. (Firm/Con	ipany)
	13455 Northumberland Circle (Addre	ss)
	Wellington, FL 33414 (City/State and	Zip Code)
For fu	rther information concerning this matter, please cal	11:
David	C. O'Connell Jr (Name of Contact Person)	at ( 561 ) 795-9393 (Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Departm	ent 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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of Florer to change its registered office or registered agent, or both, in the State of Florer	lorida	_
	the corporation: Reef Pressure Washing, Inc.		
2. The principal Wellington,	office address: 13455 Northumberland Circle FL 33414		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 11/13/2002 Document number: P0200012	21077	
	d street address of the current registered agent and registered office on file with rtment of State:	1 the	
	David C. O'Connell Jr	70 O	
	11924 Forest Hill Blvd. #22-373	7 MAY	77
	Wellington, FL 33414	TARY IASS	7
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	OF STATE.	
	David C. O'Connell Jr	D MO	
	13455 Northumberland Circle		
	(P.O. Box NOT acceptable) Wellington, FL 33414		
Such change we authorized by the	ess of its registered office and the street address of the business office of its	officer so	ent,
I hereby accept I further agree of my duties, an document is bet corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp and I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	olete performo agent. Or, if v confirm that	ince this the
(SI	gnature of Registered Agent) (Date)		
If signing on be	ehalf of an entity:		
(7	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