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2009 APR 29 AM II: 50

COVER LETTER

TO: Amendment Se Division of Con					
SUBJECT: SUNSTATE MECHANICAL CONTRACTORS, INC (Name of Corporation)					
DOCUMENT NUMBER: P03000036758					
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:					
SUSAN A ROSENBERGER					
(Name of Contact Person)					
SUNSTATE MECHANICAL CONTRACTORS, INC (Firm/Company)					
	(
P O BOX 218					
(Address)					
SYDNEY FL 33587					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
SUSAN A	ROSENBERGER at (813) 657-8200 Area Code & Daytime Telephone Number)			
(Name o	of Contact Person) (A	Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: 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			

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, F organized under the laws of the St registered agent, or both, in the St	tate of -FLORIDA
1. The name of	the corporation: SUNSTATE M	IECHANICAL CONTRACTO	DRS, INC.
2. The principal	office address: 13139 SYDNE	Y ROAD	
DOVER, F	L 33527		
3. The mailing a	ddress (if different): POBOX 2	218	
SYDNE	/ FL 33587		
4. Date of incorp	poration/qualification: 4/1/2003	Document number:	
	d street address of the current regist tment of State: (If resigned, enter i	ered agent and registered office on esigned)	i file with the
	JOSEPH E ROSENBERGI	ER	1 2
	13139 SYDNEY ROAD		SECT SECTION AT
	DOVER, FL 33527		2009 APR 29 A SECRETARY CALLAHASSEE
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registe	
	SUSAN A ROSENBERGE	R	SO
	13139 SYDNEY ROAD		ア
	(P.O. Box NOT ac	ceptable)	
	DOVER, FL 33527		
The street address changed will	ess of its registered office and the be identical.	street address of the business off	ice of its registered agent,
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors of een notified in writing of the char	or by an officer so nge.
/ Susa	ure of an officer or directors	PRES (Printed or typed i	IDENT
I hereby accept I further agree of my duties, an document is bei	the appointment to the appointment as registered age to comply with the provisions of a large and accept the first and accept to a change to the manage of this comments are notified in writing of this comments.	ent and agree to act in this capac ill statutes relative to the proper of the obligation of my position as re e in the registered office address, hange.	city. and complete performance egistered agent. Or, if this I hereby confirm that the
(Si	gnature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
(Typed or Printed Name)		

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