

PD3000 047 958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

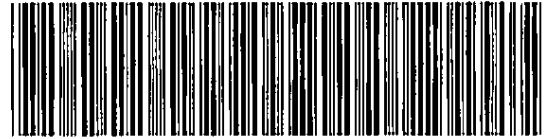
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300347727533

07/16/20--01014--013 ** 35.00

S TAILED

AUG 25 2020

2020 JUL 10 PM 2:01

R/PA 26

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RED CAP PLUMBING & AIR, INC.
Name of Corporation

DOCUMENT NUMBER: P03000047958

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:

V. STEPHEN COHEN, ESQUIRE

Name of Contact Person

BAJO | CUVA | COHEN | TURKEL

Firm/Company

100 N. TAMPA STREET, SUITE 1900

Address

TAMPA, FL 33602

City/State and Zip Code

scohen@bajocuva.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

V. STEPHEN COHEN

Name of Contact Person

at (813)

868-6162

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: RED CAP PLUMBING & AIR, INC.
2. The principal office address: 6605 N. NEBRASKA AVENUE, TAMPA, FL 33604
3. The mailing address (if different): P.O. BOX 9627 TAMPA FL 33670
4. Date of incorporation/qualification: APRIL 28, 2003 Document number: P03000047958
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)

ANN M. FERRANTE GENNARO

6605 N. NEBRASKA AVENUE

TAMPA, FL 33604

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

V. STEPHEN COHEN, ESQUIRE

BAJO | CUVA | COHEN | TURKEL

P.O. Box NOT acceptable

100 N. TAMPA STREET, SUITE 1900, TAMPA, FL 33602

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 officer or director

Ann M. Ferrante Gennaro
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.

Signature of Registered Agent

4/18/20

Date _____

If signing on behalf of an entity:

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 (04/13)

2020 JUL 10 PM 2:01