703000117308

(Re	equestor's Name)	 			
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	DALY BROTHERS PLUMBI Name of Corporation	ING, INC.				
DOCUMENT NUMI	BER: P03000117	' 308				
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:						
	BLAIR M. JOHNSON					
	Name of Contact Person	on				
	BLAIR M. JOHNSON, P.A.					
	Firm/Company					
	P.O. BOX 770496 Address	6				
	WINTER GARDEN, FL 34 City/State and Zip Cod	777-0496				
_	City/State and Zip Coo	de vy v				
STAIL	blairmjohnson@embarqm -mail address: (to be used for future ann	nail.com nual report notification)				
For further information concerning this matter, please call:						
Bla	air M. Johnson at (407 656-5521				
Name	of Contact Person Are	ea 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

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

statement of ch	e provisions of sections 607.0502, 617.050 cange is submitted for a corporation orga ler to change its registered office or regist	nized under the laws of the State	of FLORIDA
1. The name of	the corporation: DALY BROTHER office address: 2421 MISCINDY PL	RS PLUMBING, INC.	
	address (if different):		
4. Date of incom	rporation/qualification:10/16/2003	3 Document number:	P03000117308
5. The name an	nd street address of the current registered a artment of State: (If resigned, enter resigned	agent and registered office on file	غب
	JAMES W. DALY		
38 WEST VINING STREET			09 OCT -6
	WINTER GARDEN, FL 34787		<u> </u>
6. The name an (if changed):	nd street address of the new registered age	nt (if changed) and /or registered	
	JAMES W. DALY		
	2421 MISCINDY PLACE		
	P.O. Box NO	OT acceptable	
	ORLANDO, FLORIDA 32806		
The street addr as changed wil	ress of its registered office and the street ll be identical.	address of the business office	of its registered agent,
Such change wauthorized by	vas authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by otified in writing of the change	y an officer so
Signati	ure of an officer or director	JAMES W. Printed or typed name a	DALY and little
I further agree of my duties, a document is be	t the appointment as registered agent ar to comply with the provisions of all sta nd I am familiar with and accept the ob- sing filed merely to reflect a change in th as been notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and ligation of my position as regis he registered office address. I h	
Some	M. Oly	SEPTEMBER :	30. 2009
Si	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
	Typed or Printed Name		
,	* * * FILING FI	EE: \$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)