2006 FOR PROFIT CORPORATION.

FILED Aug 10, 2006 8:00 am Secretary of State

1. Entity Name	MENT # P04000001 PLUMBING SERVICES, I			08-10-20	06 90001 014 **	**150.00				
Principal Place	of Business	Mailing Address			1					
127 WESTCO	TT CIRCLE	PO BOX 616				e n	0.000			
PORT ST. JOE	, FL 32456 US	PORT ST. JOE, FL 324	2457 US		ĺ	~~ T/U	024899			
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2. Principal Place of Business		3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		07262006	Chg-P	CR2E034 (11/05)				
City & State		City & State		4. FEI Numbe		I An	ptied For			
City & State		City & State		APPLIE	5 FOR 56-2		f Applicable			
Zip	Country	Žip	Count	ry	5. Certificate	of Status Desired	☐ \$8.75 A30			
-			<u> </u>		<u></u>		Fee Require	d		
•	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered Agent			
WILLIAMS	JAY F JR.									
127 WEST	COTT CIRCLE		1	Street Address (P.O. Box Numbe	r is Not Acceptable	•)			
PORT ST.	JOE, FL 32456		Ì							
	•		- }	City			El Zip Cod			
						:	i FL i			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE_	Signature, typed or printed number of registered agent	and little if applicable (NOT	E; Registered	Agent signature requires	o when reinstating)		DATE			
Strains What is branchaus and and reference to the strain and stra										
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Election Campa Trust Fund Cont			.00 May Be ted to Feas	In accordance v	vith s. 607.193(2)(b), not receive the prior r	F.S., the natice.		
	OFFICERS AND	Trust Fund Cont			ted to Foos		ICERS AND DIRECTOR	S IN 11		
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10.	OFFICERS AND P WILLIAMS, JAY F JR. 127 WESTCOTT CIRCLE	Trust Fund Cont	11, title NAME	Add	ted to Foos		ICERS AND DIRECTOR	S IN 11		
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12. I hereby cartify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an altachment with an address, with all other like empowered.

SIGNATURE:	grung-	Jay F. Williams, Sr.	1/29/06	(850)527-9608	
	SIGNATURE AND TYPED OR PRINTED HAME OF BIO	NING OFFICER ON DIRECTOR	Date	Daysime Phone #	