P04000082788

(Re	questor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: A TRANT PLU	JMBING SERVICES, INC. Name of Corporation		
DOCUMENT NUMBER:	P04000082788		
The enclosed Statement of Change of Regis	stered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning	•		
Trease return an contespondence concerning	, who makes to the tone mage		
	ALICE TRANT Name of Contact Person		
A TRANT	PLUMBING SERVICES, INC.		
	Firm/Company		
	PO BOX 177		
	Address		
ST	JAMES CITY, FL 33956 City/State and Zip Code		
	City/State and Zip Code		
atra	nt1661@comcast.net		
E-mail address: (to be	used for future annual report notification)		
For further information concerning this ma	tter, please call:		
ALICE TRANT	at (239) 283-1972 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to	o the Department of State.		
Mailing Address: Amendment Section of Corp P.O. Box 6327 Tallahassee, FL	orations Division of Corporations Clifton Building		
i alialiance. FL 3	2001 LACCULIVE CONCUCION		

Tallahassee, FL 32301

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: A TRANT PLUMBING SERVICES, INC.
	2. The principal office address: 4521 BERKSHIRE ROAD
	ST. JAMES CITY, FL 33956
	3. The mailing address (if different): PO BOX 177
	ST. JAMES CITY, FL 33956
	4. Date of incorporation/qualification: 05/24/2004 Document number: P04000082788
	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)
	ALICE TRANT
	7050 BUCKS LANE
	FORT MYERS, FL 33912
	FORT MYERS, FL 33912 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ALICE TRANT 4521 BERKSHIRE ROAD
	ALICE TRANT
	4521 BERKSHIRE ROAD
	P.O. Box NOT acceptable
	ST. JAMES CITY, FL 33956
	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.
	ALICE TRANT, PRESIDENT Signature of an officer or director 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.
	Acric Frank 11/12/2009
	Signature of Registered Agent 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 (8/05)