

P04000099095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

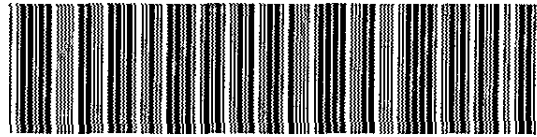
(Document Number)

Certified Copies ☒

Certificates of Status ☐

Special Instructions to Filing Officer:

Office Use Only



300108125733

08/22/07--01024--002 \*\*50.00

RA R. C.

FILED  
07 AUG 22 AM 10:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

1. Roberts AUG 28 2007

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Bob Anderson Plumbing, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P04000099095

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:

Kathleen M. Anderson  
(Name of Contact Person)

Bob Anderson Plumbing, Inc  
(Firm/Company)

25210 81<sup>st</sup> Avenue E.  
(Address)

Myakka City, FL 34251  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Anderson at ( 941 ) 322-9333  
(Name of Contact Person) (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  
Clifton Building  
2661 Executive Center Circle  
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: Bob Anderson Plumbing, Inc.  
2. The principal office address: 25210 81<sup>st</sup> Avenue East  
Myakka City, FL 34251  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 06/30/2004 Document number: PO4 000099095

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Fridshal, Joan  
1219 East Avenue South, Suite 104  
Sarasota, FL 34239

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

Kathleen Anderson  
25210 81<sup>st</sup> Avenue East  
(P.O. Box NOT acceptable)  
Myakka City, FL 34251

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)

Robert W. Anderson Pres.  
(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)

08.20.07  
(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)

FILED  
07 AUG 22 AM 10:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA