P04000133593

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
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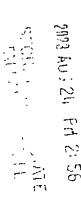
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W.



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MCCRARYS PLUMBING OF ST AUGUSTIN	NE INC
Name of Corporation	
DOCUMENT NUMBER: P04000133593	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Carol McCrary Cooke	
Name of Contact Person	
McCrary's Plumbing of St Augustine, Inc.	
Firm/Company	
POB 1340	
Address	
St Augustine, Fl.	
City/State and Zip Code	
mccrarysplumbing904@gmail.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please c	ali:
Carol M Cooke	at (904) 687-3102 Area Code & Daytime Telephone Numbe
Name of Contact Person	Area Code & Daytime Telephone Numbe

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section

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

2023 KU2 24 PH 2: 56

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or regist	nized under the laws of the State of Florida
1. The name of the corporation: McCrary's Plumbing of S	t Augustine, Inc.
2. The principal office address: 1600 CR 13a N, St Augu	stine, FL 32092
3. The mailing address (if different): POB 1340, St Augu	istine, FL 32085
4. Date of incorporation/qualification: 9/21/2004	Document number: P04000133593
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	agent and registered office on file with the
FLOYD, ZANETA C	
773 OLD HICKORY FOREST RD	
St Augustine, FL 32084	
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office
Carol McCrary Cooke	
1600 CR 13a N	
P.O. B	ox NOT acceptable
St Augustine, FL 32092	<u> </u>
The street address of its registered office and the stree as changed will be identical.	
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n	ed by its board of directors or by an officer so obtained in writing of the change.
	FranklinWayneMcCrary,Jr.,President
Signature of an officer or director	Printed or typed name and title
I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the obdocument is being filed merely to reflect a change in a corporation has been notified in writing of this change.	nd agree to act in this capacity. tutes relative to the proper and complete performance digation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the e.
Carel MCrss. Cooke	August 22, 2034
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	
• •	FEE: \$35.00 * * *
MAIL TO: DIVISION OF CORPORATIONS, CR2E045 (04/13)	LORIDA DEPARTMENT OF STATE P.O. Box 6327, Tallahassee, FL 32314