

P04000133593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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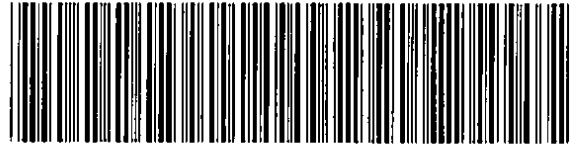
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: MCCRARYS PLUMBING OF ST AUGUSTINE INC
Name of Corporation

DOCUMENT NUMBER: P04000133593

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:

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 notification)

For further information concerning this matter, please call:

Carol M Cooke

Name of Contact Person

at (

904

) 687-3102

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATE
FL

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.

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