P05000009246

(Requ	estor's Name)	
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	State/Zip/Phone	- #\
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PICK-UP	☐ WAIT	MAIL
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Marin R

COVER LETTER

TO: Amendment Section Division of Corporations	
Division of Corporations	
SUBJECT: Grand Plumbing Corp. Name of Corporation	
DOCUMENT NUMBER: P05000009246	
The enclosed Statement of Change of Registered Of	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Gunnar Mandrisch	
Name of Contact Person	
Arminius Law PLFC	
Finn/Company	
8325 NE 2nd Avenue; Suite 103	
Address	
Miami, Florida 33138	
City/State and Zip Code	
gm@arminiuslaw.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, plea	se call:
Gunnar Mandrisch	at (305) 796-1554 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	partment 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

CR2E045 (04/13)

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

		organized under the laws of the State of Flori	
	7	registered agent, or both, in the State of Florid	da.
1. The name of	the corporation: Grand Plumbing Co	rp.	
	office address: 2315 W 2nd Avenue		
Hialeah, Florida	33010		
3. The mailing a	address (if different);		
4. Date of incor	poration/qualification: 01/18/2005	Document number: P05000009240	6
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	e
	resigned		
		_	
	d street address of the new registered	d agent (if changed) and /or registered office	
(if changed):			~
	Anninius Law PLLC		126
	8325 NE 2nd Avenue; Suite 103		[3]! [202
		O, Box_NOT acceptable	:
	Miami, Florida 33138		· -o
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its reg	
Such change ly authorized by the	as authorized by resolution duly ad he board, or the corporation has beg	opted by its board of directors or by an officen notified in writing of the change.	cer so . ·
Signatu	ewell Tally	Overning Barboss Printed or typed name and title	SR.
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered ages to comply with the provisions of all all am familiar with and accept the ng filed merely to reflect a change s been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complete e obligation of my position as registered age in the registered office address. I hereby coinge.	e performance ent. Or, if thi nfirm that the
1.1	will	2-24-2021	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Gunnar Mandriso	ch		
T	yped 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 (04/13)