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## **COVER LETTER**

Amendment Section Division of Corporations

SUBJECT: American Plumbing Solutions	lno –
SUBJECT: American Plumbing Solutions. (Name of Cor	poration)
DOCUMENT NUMBER: PO5000041	
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Janelle (Name of Conta	Baker act Person)
American Plumbi (Firm/Con	ng Solutions, Inc.
10773 Ban (Addre	ss)
Riverview (City/State and	v, FL 33579 Zip Code)
For further information concerning this matter, please ca	
Janelle Baker (Name of Contact Person)	at (813 ) 672-0511 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departm	nent 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



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 2, 2009

JANELLE BAKER AMERICAN PLUMBING SOLUTIONS, INC. 10773 BANFIELD DR RIVERVIEW, FL 33579

SUBJECT: AMERICAN PLUMBING SOLUTIONS, INC.

Ref. Number: P05000041452

We have received your document for AMERICAN PLUMBING SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 409A00011217

IALLAHASSEE, FLORIDA 2009 APR 1 O 1972 O 1972 O 1974 E 1972 O 1974 E 1972 O 1974 E 1972 O 1974 O 197 SECRETARY OF STATE

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## 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: American Plumbing Solutions, Inc.	
2. The principal office address: 10773 Banfield Drive	
Riverview, FL 33579	_
3. The mailing address (if different): PO Box 2605	
Riverview, FL 33568	
4. Date of incorporation/qualification: March 18, 2005 Document number: PO5000041	_
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)	
The Company Corporation	
1201 Haux Street	
Tallahagea F1 372N7	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
(if changed):  Janelle Baker  Janelle Baker  TALLARE APR	e L
10773 Banfield Drive	
(P.O. Box NOT acceptable)	
Riverview, FL 33579	
The street address of its registered office and the street address of the business office of its 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.	
Janelle Baker, Director of Administration  (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.	
01/21/09	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
\T\FT# *** *** *** *** ***	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*