

9  
P05000166089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

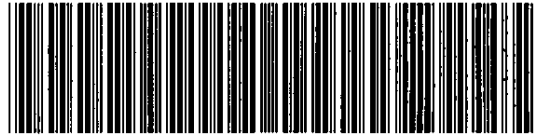
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10 MAY -4 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*APR 5/10*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CERTIFIED IRRIGATION DESIGNS Inc.  
Name of Corporation

DOCUMENT NUMBER: P05000166089

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:

Rob HOOGEVEEN  
Name of Contact Person

CERTIFIED IRRIGATION DESIGNS  
Firm/Company

309 - 4th Avenue North  
Address

St. PETERSBURG FL 33701  
City/State and Zip Code

RHIINC@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rob HOOGEVEEN at (727) 346-5294  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CERTIFIED IRRIGATION DESIGNS, Inc.  
2. The principal office address: 309 4th AVENUE NORTH  
ST PETERSBURG FL 33701  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/22/2005 Document number: P05000166089  
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)

3 ~~XXXXXXXXXX~~ Rob HOOGEVEEN  
724 - 4th Avenue South #1  
ST PETERSBURG FL 33701

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

Rob HOOGEVEEN  
309 - 4th AVENUE NORTH  
ST PETERSBURG FL 33701

P.O. Box NOT acceptable

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.

Rob HOOGEVEEN  
Signature of an officer or director

Rob HOOGEVEEN President  
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.

Rob HOOGEVEEN  
Signature of Registered Agent

4/29/2010  
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)