P07000010766

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

REGISTERED AGENT CHANGE

TREASURE COAST BACKFLOW TESTING & REPAIRS, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$35.00

RECEIVED
07 MAR 30 AM 8:00
DIVISION OF CORPORATIONS

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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: Treasure Coast Backflow Testing & Repairs, Inc.
2. The principal office address: 1746 SW Biltmore Street, Port St Lucie, FL 34952
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/24/2007 Document number: P07000010766
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Lester J Crawford III
1991 SE Giffen Ave
Port St. Lucie, FL 34952

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

Margaret D Crawford
1991 SE Giffen Ave
(P.O. Box NOT acceptable)
Port St. Lucie, FL 34952

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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.

Margaret D Crawford, President
(Signature of an officer or director) (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.

Margaret D Crawford 3/30/07
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

MARGARET D CRAWFORD
(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)