

PO700000 16585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

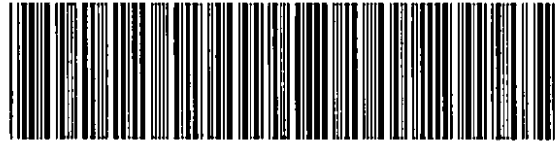
(Document Number)

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FILED  
DIVISION OF REVENUE  
2020 APR 24 PM 3:58

QM  
4/27/20



2020 MAR 24 PM 7:52

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2020

WESLEY NELSON  
1765 E NINE MILE RD SUITE 1 #223  
PENSACOLA, FL 32514

SUBJECT: ALL PRO PLUMBING AND DRAINS INC.  
Ref. Number: P07000016585

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 420A00006369

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** All Pro Plumbing & Drains, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P07000016585

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:

Wesley A Nelson

Name of Contact Person

All Pro Plumbing & Drains, Inc

Firm/Company

1765 E Nine Mile Rd Suite 1 #223

Address

Pensacola, FL 32514

City/State and Zip Code

allproplumbinganddrains@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wesley A Nelson

Name of Contact Person

at (850

) 549-3146

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

**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: All Pro Plumbing & Drains, Inc
2. The principal office address: 1765 E Nine Mile Rd Suite 1 #223 Pensacola, FL 32514
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/07/2007 Document number: P07000016585
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)

Wesley Adam Nelson

1765 E Nine Mile Rd Suite 1 #223

Pensacola, FL 32514

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

Mary Cullison

1765 E Nine Mile Rd Suite 1 #223

P.O. Box NOT acceptable

Pensacola, FL 32514

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TALLAHASSEE, FL  
CLERK OF THE COURT

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.

Wesley A. Nelson  
Signature of an officer or director

Wesley A. Nelson 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.*

Mary E. Cullison  
Signature of Registered Agent

4/20/20  
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 (04/13)