

P0700000 16585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

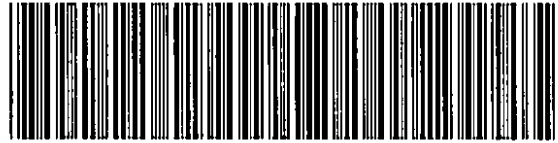
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FILED
DIVISION OF REVENUE
2020 APR 24 PM 3:58

QM
H/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
Pensacola, FL 32514

P.O. Box NOT acceptable

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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.

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