

P07000106306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

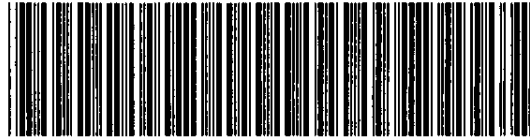
(Business Entity Name)

(Document Number)

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*2/18/13*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE PIPE NIPPLE & SUPPLY CO INC.  
Name of Corporation

**DOCUMENT NUMBER:** PO7000106306

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:

Lori Orthodox  
Name of Contact Person

THE PIPE NIPPLE & SUPPLY CO INC  
Firm/Company

*OLD ADDRESS*

948 GUY RD.  
Address

DALLAND, FLA 32807  
City/State and Zip Code

PIPENIPPLEMAN@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Orthodox at ( 407 ) 282-0089  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2013

LORI ORTHODOX  
948 GUY RD.  
ORLANDO, FL 32807

SUBJECT: THE PIPE NIPPLE & SUPPLY COMPANY, INC.  
Ref. Number: P07000106306

We have received your document for THE PIPE NIPPLE & SUPPLY COMPANY, 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):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 813A00002415

**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: THE PIPE NIPPLE & SUPPLY CO INC
- 2. The principal office address: 6648 OLD CHENY HWY # C  
ORLANDO, FLA 32807
- 3. The mailing address (if different): SAME
- 4. Date of incorporation/qualification: 9-24-2007 Document number: P07000106306

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)

Lori ORTHODOX  
958 GUY RN.  
ORLANDO, FLA 32828

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ADDRESS

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

Lori ORTHODOX  
6648 OLD CHENY HWY # C  
ORLANDO, FLA 32807

NEW ADDRESS

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.

Lori Orthodox  
Signature of an officer or director

Lori Orthodox 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.

Lori Orthodox  
Signature of Registered Agent

1-24-13  
Date

If signing on behalf of an entity:

Lori ORTHODOX  
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