

P10000078553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

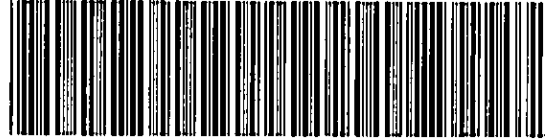
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Drain Genie Plumbing Services Inc
Name of Corporation

DOCUMENT NUMBER: P10000078553

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:

John Bodrato

Name of Contact Person

Drain Genie Plumbing Services Inc

Firm/Company

750 South Orange Blossom Trail Ste 141

Address

Orlando, FL 32805

City/State and Zip Code

John@draingenieplumbing.com

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

For further information concerning this matter, please call:

John Bodrato

at (407) 393 - 0717
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
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: Drain Genie Plumbing Services Inc
2. The principal office address: 750 South Orange Blossom Trail Ste 141 Orlando, FL 32805

3. The mailing address (if different): 616 Stone Oak Dr. Sanford FL 32771

4. Date of incorporation/qualification: September 27, 2010 Document number: P10000078553

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)

Shah & associates CPAs PA

415 Montgomery Rd Ste 105

Altamonte Springs, FL 32714

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

John Bodrato


616 Stone Oak Dr

P.O. Box NOT acceptable

Sanford, FL 32771

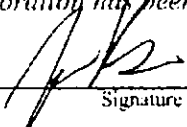
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

John Bodrato owner
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.


Signature of Registered Agent

10/27/20
Date

If signing on behalf of an entity:

John Bodrato
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