

P11000003462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

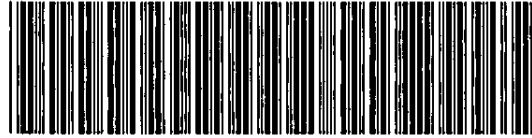
(Business Entity Name)

(Document Number)

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JAN 22 2016

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Claussen Plumbing Inc.

Name of Corporation

DOCUMENT NUMBER: P11000003462

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:

Craig R. Claussen

Name of Contact Person

Claussen Plumbing Inc.

Firm/Company

2824 Longleaf Rd.

Address

Panama City, FL 32405

City/State and Zip Code

claussenplumbinginc@yahoo.com

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

For further information concerning this matter, please call:

Craig Claussen

Name of Contact Person

at (850) 832-1384

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

December 18, 2015

CRAIG R CLAUSSEN
2824 LONGLEAF RD
PANAMA CITY, FL 32405

SUBJECT: CLAUSSEN PLUMBING INC.
Ref. Number: P11000003462

We have received your document for CLAUSSEN PLUMBING 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):

YOU MUST GIVE A NEW REGISTERED AGENT OR REGISTERED AGENT ADDRESS.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 115A00026563

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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: Claussen Plumbing Inc.
2. The principal office address: 2824 Longleaf Rd. Panama City, FL 32405
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/11/2011 Document number: P11000003462

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)

Claussen, Craig R.

13809 Flamingo Ave.

Fountain, FL 32438

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

Claussen, Craig R.
2824 Longleaf Road
P.O. Box NOT acceptable
Panama City, FL 32405


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

Craig R. Claussen 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.


Signature of Registered Agent

12/13/15
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE