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SECRETARY OF STATE

C. LEWIS

AUG -2 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Troy Plumbing & Gas, Inc.

Name of Corporation

DOCUMENT NUMBER: P11000010322

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:

Anthony Lester

Name of Contact Person

Troy Plumbing & Gas, Inc.

Firm/Company

3410 SW Canoe Creek Ter.

Address

Palm City, FL 34990

City/State and Zip Code

antles30@gmail.com

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

For further information concerning this matter, please call:

Anthony Lester

.,772 \291-779

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of	FLORIDA	
	the corporation: Troy Plumbing & C	-		
2. The principal	office address: 3410 SW Canoe C	reek Ter., Palm City, FL	34990	
3. The mailing a	address (if different):			
4. Date of incorporation/qualification: 01/28/2011 Document number: P11000010322)0010322		
	d street address of the current registered a rtment of State: (If resigned, enter resigne		ith the	
	Lisa Weber (Resigned)			
	3410 SW Canoe Creek Ter.			
	Palm City, FL 34990	•	TAL TAL	
6. The name an (if changed):	d street address of the new registered age	nt (if changed) and /or registered of	JUL 30 CRETARY LANASSE	<u>n</u>
	Anthony Lester	<u>, , , , , , , , , , , , , , , , , , , </u>		
	3410 SW Canoe Creek Ter.	acceptable	1:2	
	Palm City, FL 34990	acceptable	om en ≯	
The street addr	ess of its registered office and the street be identical.	address of the business office of it	ts registered agent,	
. (1)	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an tified in writing of the change.	officer so	
Jusa (Ueber are of an officer or director	Lisa Weber, President Printed or typed name and tit	île	
performance of agent. Or, if the	t the appointment as registered agent an to comply with the provisions of all state my duties, and I am familiar with and a his document is being filed merely to refl that the corporation has been notified in	eccept the obligation of my position ect a change in the registered offic	nplete n as registered ce address, I	
4		07/22/2013		
	gnature of Registered Agent chalf of an entity:	Date		
Anthony Le	·			
·····	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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