

P110000010322

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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04/10/18--01026--003 **35.00

2018 APR 10 AM 10:00

APR 11 2018
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COVER LETTER

TO: Amendment Section
Division of Corporations

2818 APR 10 AM 11:11

NAME OF CORPORATION: Troy Plumbing & Gas, Inc

DOCUMENT NUMBER: P11000010322

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Alvino

Name of Contact Person

Troy Plumbing & Gas, Inc.

Firm/ Company

2190 Reserve Park Trace Unit #3

Address

Port St Lucie ,FL 34986

City/ State and Zip Code

Johna@plumbinginc.com

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

For further information concerning this matter, please call:

John Alvino

at (855)

543-6030

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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**

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Troy Plumbing & Gas, Inc.
2. The principal office address: 2190 NW Reserve Park Trace, Unit 3
Port St Lucie, FL 34986
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 4/11 Document number: P11000010322

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)

Christopher Costantino
3148 SE Gran Park Way
Stuart, FL 34990

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

John Alvino
2190 NW Reserve Park Trace
P.O. Box NOT acceptable
Port St Lucie, FL 34986

2018 APR 18 PM 4:00

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] John Alvino
Signature of an officer or director 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] 4/9/18
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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