P1200000 1572

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | idress) | |
| (Ac | ddress) | <u> </u> |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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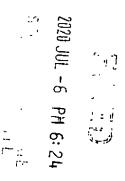


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RIPLET



COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|---------------|--|--|
| SUBJ! Name | JECT: SUPERIOR PLUMBING AND AIR, IN of Corporation | NC. |
| DOCU | UMENT NUMBER: P12000001572 | |
| The en | nclosed Statement of Change of Registered | Office/Agent and fee are submitted for filing. |
| Please | e return all correspondence concerning this | matter to the following: |
| | IE SCHNALL | |
| Name | of Contact Person | |
| SUPER | RIOR PLUMBING AND AIR, INC. | |
| Firm/C | Company | |
| 17853 | MONTE VISTA DRIVE | |
| Addres | ess | |
| BOCA | RATON, FLORIDA 33496 | |
| City/St | State and Zip Code | |
| | MARIESCHNALL@COMCA | AST.NET |
| E-mai | il address: (to be used for future annual | |
| | | report normeution, |
| For fur | rther information concerning this matter, p | lease call: |
| MARIE | E SCHNALL | at (561) 477-3790 |
| | Name of Contact Person | at (561) 477-3790 Area Code & Daytime Telephone Number |
| Enclose | sed is a \$35.00 check made payable to the I | Department of State. |
| | Mailing Address: Amendment Section | Street Address: |

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

| statement of ch | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA |
|--|--|
| in orde | er to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of | the corporation: SUPERIOR PLUMBING AND AIR, INC. |
| | l office address: 17853 MONTE VISTA DRIVE , FLORIDA 33496 |
| 3. The mailing | address (if different): |
| 4. Date of incor | poration/qualification: 1-5-2012 Document number: P12000001572 |
| | d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) |
| | ALAN FOXMAN, ESQUIRE |
| | 22127 SOLIEL CIRCLE WEST |
| | BOCA RATON, FLORIDA 33433 |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office |
| | MARIE SCHNALL "6 |
| | 17853 MONTE VISTA DRIVE |
| | P.O. Box NOT acceptable |
| | BOCA RATON, FLORIDA 33496 |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. |
| / Marie | MARIE SCHNALL, SECRETARY /PRESIDENT Printed or typed name and title |
| I hereby accept I further agree of my duties, an document is bei corporation has | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speem notified in writing of this change. |
| \mathcal{M} | Mature of Registered Agent U-1 2020 Date |
| If signing on be | half of an entity: |
| MARIE SCHNA | LL |
| T | yped or Printed Name |
| | ** " FILING FEE: 935.03 " * * |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)