P12000052838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

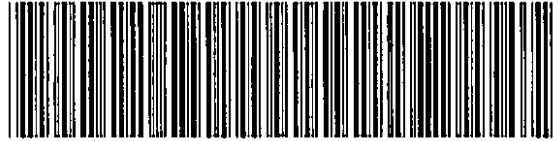(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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TO: Amendment Section
Division of Corporations

SUBJECT: HIGH TIDE PLUMBING SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: P12000052838

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:

DAVID F. HANLEY, ESQ.
Name of Contact Person

DAVID F. HANLEY, P.A.
Firm/Company

3201 OVERLOOK ROAD
Address

DAVIE, FL 33328
City/State and Zip Code

david@hanleyfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID F. HANLEY, ESQ. at (954) 370-0717
Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:	**Street Address:**
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

CR2E045 (03/12)

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: **HIGH TIDE PLUMBING SERVICES, INC.** _____

2. The principal office address: **264 S. MILITARY TRAIL**

DEERFIELD BEACH, FL 33442

3. The mailing address (if different): _____

4. Date of incorporation/qualification: **06/11/2012** Document number: **P12000052838**

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)

DAVID F. HANLEY, P.A.

3220 OVERLOOK ROAD

DAVIE, FL 33328

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
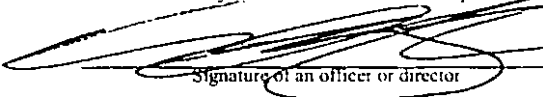
DAVID F. HANLEY, P.A.

3201 OVERLOOK ROAD

P.O. Box NOT acceptable

DAVIE, FL 33328

2017 NOV 20 PM 4: 08 FILED

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.

_____ William J. Burke, President
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.

_____, President   November 13, 2017
Signature of Registered Agent — Date

If signing on behalf of an entity:

David F. Hanley, President
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

CR2E045 (03/12)