

P 14 000026765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

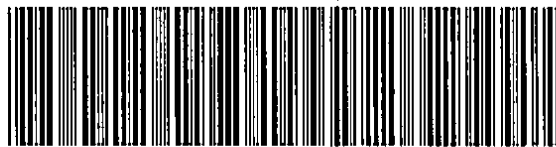
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C. GOLDEN

JUL 27 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **SANIBEL PLUMBING COMPANY**

Name of Corporation

DOCUMENT NUMBER: **P14000026765**

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:

MELANIE B. CONGRESS

Name of Contact Person

MELANIE B. CONGRESS CPA, PLLC

Firm/Company

15550 MCGREGOR BLVD. #104

Address

FORT MYERS, FL 33908

City/State and Zip Code

CONGRESSCPA@OUTLOOK.COM

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

For further information concerning this matter, please call:

MELANIE B. CONGRESS at (**239**) **240-8832**

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

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: SANIBEL PLUMBING COMPANY
2. The principal office address: 2244 PERIWINKLE WAY, SUITE 13
SANIBEL, FL 33957
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/25/14 Document number: P14000026765

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)

RESIGNED - JOEL GOODMAN

1285 PAR VIEW DR.

SANIBEL, FL 33957

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

MELANIE B. CONGRESS CPA, PLLC

15550 MCGREGOR BLVD., SUITE 104

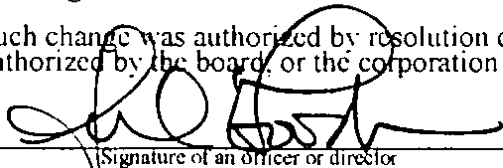
P.O. Box NOT acceptable

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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

Joel Goodman, 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.

Melanie Congress

Signature of Registered Agent

07/21/17

Date

If signing on behalf of an entity:

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