

P16000002833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

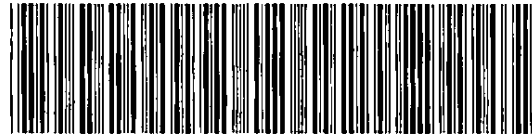
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

13th

Office Use Only



800298343408

04/24/17--01037--012 **70.00

FILED
JUN 16 2017
CLERK OF COURT
JULIA M. LEE

BA Chang

JUN 16 2017

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2017

MARK WOLLITZ
9323 ALMA ST.
JACKSONVILLE, FL 32220

IA

SUBJECT: FIVECO PLUMBING, INC.
Ref. Number: P16000002833

We have received your document for FIVECO PLUMBING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the new registered agent name and location and that person must sign the acceptance.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 717A00008365

DONE
6-9-17

17 JUN 13 4:11:45 PM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2017

EVA GAYLE WOLLITZ
FIVECO PLUMBING, INC.
3966 AUTUMN LA
JACKSONVILLE, FL 32210

SUBJECT: FIVECO PLUMBING, INC.
Ref. Number: P16000002833

We have received your document for FIVECO PLUMBING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the new registered agent name and location and that person must sign the acceptance.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 717A00008365

17 MAY -9 AM 9:20

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIVE Co Plumbing, Inc
Name of Corporation

DOCUMENT NUMBER: P16 00000 2833

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:

EVA Gayle Wollitz
Name of Contact Person
FIVE Co Plumbing, Inc
Firm/Company
3966 Autumn Ln
Address
JACKSONVILLE, FL 32210
City/State and Zip Code
GWollitz@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eva Gayle Wollitz at (904) 338-6034
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: FIVE Co Plumbing, Inc
2. The principal office address: 3966 Autumn Ln, Jacksonville, FL 32210
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01-07-2016 Document number: P1600000 2833

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)

MARK L Wollitz
9323 ALMA ST
JACKSONVILLE, FL 32220

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

EVA Gayle Wollitz
9323 ALMA ST
JACKSONVILLE, FL 32220

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]
Signature of an officer or director

MARK L. Wollitz
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.

Eva Gayle Wollitz
Signature of Registered Agent

4-20-2017
Date

If signing on behalf of an entity:

EVA Gayle Wollitz
Typed or Printed Name

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