## P16000017902

| (Requestor's Name)                      |                        |             |  |  |
|---|------------------------|-------------|--|--|
| (Ad                                     | ldress)                |             |  |  |
| (Ad                                     | ldress)                |             |  |  |
| (Cit                                    | ty/State/Zip/Phone     | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT                 | MAIL MAIL   |  |  |
| (Business Entity Name)                  |                        |             |  |  |
| /Da                                     | A North Annual Control |             |  |  |
| (00                                     | ocument Number)        |             |  |  |
| Certified Copies                        | _ Certificates         | s of Status |  |  |
| Special Instructions to Filing Officer: |                        |             |  |  |
|   |                        |             |  |  |
|   |                        |             |  |  |
|   |                        |             |  |  |
|   |                        |             |  |  |

Office Use Only



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FILED 2020 SEP -8 PH 5: 01 SECRETARY OF STATE

Ja 10/15/20

## COVER LETTER

| TO: Amendment Section Division of Corporations                      | <b>.</b>  |  |  |
|---|---|--|--|
| SUBJECT: PREMIERE PLOMBING Name of Corporation                      | INC   |  |  |
| DOCUMENT NUMBER: PIGOOOO 1790                                       | 2   |  |  |
| The enclosed Statement of Change of Registered O                    | ffice/Agent and fee are submitted for filing.               |  |  |
| Please return all correspondence concerning this ma                 | atter to the following:                                     |  |  |
| ALBERT RODRIGUEZ  |   |  |  |
| Name of Contact Person  |   |  |  |
| PREMIERE PLUMBING INC   |   |  |  |
| turn/company  |   |  |  |
| 19653 SW 133 <sup>rd</sup> Ct Address                               | <del></del>   |  |  |
|   |   |  |  |
| MIAMI, FL 33177 City/State and Zip Code                             |   |  |  |
| Premiereplumbing i E-mail address: (to be used for future annual re | nc1@yahoo.com   |  |  |
| E-mail address: (to be used for future annual re                    | port notification)  |  |  |
|   |   |  |  |
| For further information concerning this matter, plea                | ise call:   |  |  |
| ALBERT RODRIGUEZ  | 305 310-5767  |  |  |
| Name of Contact Person  | at (305) 310 - 5767<br>Area Code & Daytime Telephone Number |  |  |
|   | ,   |  |  |
| Enclosed is a \$35.00 check made payable to the De                  | partment of State.  |  |  |
|   |   |  |  |
| Mailing Address: Amendment Section                                  | Street Address:   |  |  |
|   | Amendment Section   |  |  |
| Division of Corporations  | Division of Corporations                                    |  |  |
| P.O. Box 6327   |   |  |  |
| Tallahassee Fl 32314  | 2415 N. Monroe Street, Suite 810                            |  |  |

Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of char   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Su<br>age is submitted for a corporation organized under the laws of the State of <u>F</u><br>to change its registered office or registered agent, or both, in the State of Flo   | LORIDA    |                                | -                 |
|---|---|-----------|--------------------------------|-------------------|
| 1. The name of the  | ne corporation: PREMIERE PLUMBING INC   |           |                                | <del></del>       |
|   | office address: 13727 SW 152nd S+ #416 FL 33177   |           |                                | _                 |
| -   | idress (if different):  |           |                                |                   |
| 4. Date of incorp   | oration/qualification: 02 25 2016 Document number: P16000   | 01790     | 2                              |                   |
|   | street address of the current registered agent and registered office on file with<br>ment of State: (If resigned, enter resigned)   | i the     |                                |                   |
|   | RODRIGUEZ, ALBERT   |           |                                |                   |
|   | 12323 SW 267 TERR.  |           |                                |                   |
|   | NARANJA, FL 33037   |           | 2020 S                         | * : F = M]        |
| 6. The name and (if changed):   | street address of the new registered agent (if changed) and /or registered office   | ETARY OF  | EP-8 PM                        | 2 1<br>2 1<br>3 1 |
|   | RODRIGUEZ, ALBERT   | EST<br>TO | င်း၊                           | J                 |
|   | 19653 SW 133 <sup>rd</sup> Ct P.O. Box NOT acceptable   | JIE       | 0                              |                   |
|   | MIAMI, FL 33177   |           |                                |                   |
| The street address changed will   | ss of its registered office and the street address of the business office of its be identical.  | registere | ed ager                        | ıt,               |
|   | s authorized by resolution duly adopted by its board of directors or by an or board of the corporation has been notified in writing of the change.  |           |                                |                   |
| 1910  | ALBERT RODRIGUEZ  | ·····     |                                | _                 |
| I hereby accept to I further agree to of my duties, and document is being | the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and comply lamilian with and accept the obligation of my position as registered agent merely to reflect a change in the registered office address, I hereby been notified in writing of this change. |           | forman<br>Or, if th<br>that ti | ce<br>iis<br>he   |
| Sign  | asture of Registered Agent O9 / 01 / 2020   |           |                                | -                 |
| If signing on bel   | nalf of an entity:  Ped or Printed Name  Description:   |           |                                |                   |

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

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