

P18000046805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

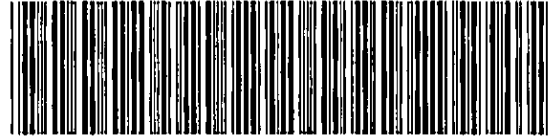
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 JUL 16 AM 11:05

JUL 20 2018
J. MCNAIR

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 JUL 16 AM 11:06

TO: Amendment Section
Division of Corporations

SUBJECT: Veteran's Plumbing of Tampa, Inc.
Name of Corporation

DOCUMENT NUMBER: P18000046805

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:

Chris Law
Name of Contact Person

Veteran's Plumbing of Tampa, Inc
Firm/Company

4519 Swallowtail Drive
Address

New Port Richey, FL 34653
City/State and Zip Code

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

For further information concerning this matter, please call:

Chris Law at (727) 364-6086
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: Veteran's Plumbing of Tampa, Inc
2. The principal office address: 4519 Swallowtail Drive New Port Richey,
FL 34653
3. The mailing address (if different): n/a
4. Date of incorporation/qualification: 5/18/18 Document number: P18000046805
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)

John O. Vidal
18443 Snowdonia Drive
Land O Lakes, FL 34638

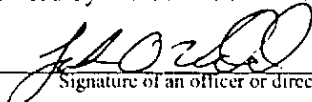
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Chris Law
4519 Swallowtail Drive
P.O. Box NOT acceptable
New Port Richey, FL 34653

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 JUL 16 AM 11:05

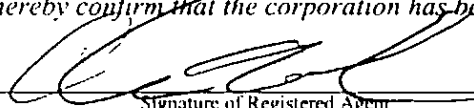
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

John O. Vidal VP
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.


Signature of Registered Agent

July 5 2018
Date

If signing on behalf of an entity:

Typed or Printed Name

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