

P23000030362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

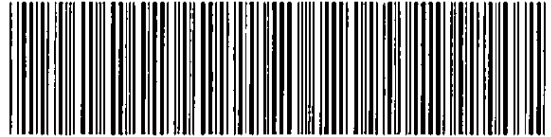
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Marco Plumbing CO, INC  
Name of Corporation

**DOCUMENT NUMBER:** P23000030362

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:

Jennifer Thompson

Name of Contact Person

Marco Plumbing CO, INC

Firm/Company

3887 Mannix D #624

Address

Naples, FL 34114

City/State and Zip Code

admin@marcoplumbing.com

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

For further information concerning this matter, please call:

Jennifer Thompson

Name of Contact Person

at ( 239 ) 3944488

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Marco Plumbing CO, INC  
2. The principal office address: 3887 Mannix DR #624, Naples, FL 34114

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P23000030362

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)

Jennifer Thompson and Jordan Thompson

672 92nd Ave N, Naples, FL 34108

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

Adding registered agent not changing

James H Smith (Manager)

P.O. Box NOT acceptable

3887 Mannix Dr #624, Naples, FL 34114

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.

Jennifer Thompson  
Signature of an officer or director

Jennifer Thompson 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.

Jennifer Thompson  
Signature of Registered Agent

06/16/2023

Date

If signing on behalf of an entity:

Jennifer Thompson

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 (04/13)

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DIVISION OF STATE