

Pg 20000015292

(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:

Office Use Only



900162963619

RA
Change

11/30/09--01003--022 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 30 PM 2:56

FILED

Bob
12/4/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A-Z Backflow, Inc.
Name of Corporation

DOCUMENT NUMBER: P92000015292

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:

Les Crandall
Name of Contact Person

A-Z Backflow, Inc.
Firm/Company

4736 Northwind Blvd.
Address

Kissimmee, FL 34746
City/State and Zip Code

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

For further information concerning this matter, please call:

Les Crandall at (407) 396-7748
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: A-Z Backflow, Inc.
2. The principal office address: 4736 Northwind Blvd., Kissimmee, FL 34746
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/28/1992 Document number: P92000015292
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)

Andy Baumruk

1101 Miranda Lane

Kissimmee, FL 34741

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

Les Crandall

4736 Northwind Blvd.

P.O. Box NOT acceptable

Kissimmee, FL 34746

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.

Les Crandall
Signature of an officer or director

Les Crandall, 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.

Les Crandall
Signature of Registered Agent

10/28/09
Date

If signing on behalf of an entity:

Les Crandall

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