77000 31915

(Requestor's Name)		
(Address)	200181526762	
(Address)	200101020102	
(City/State/Zip/Phone #)	, ,	
PICK-UP WAIT MAIL		
(Business Entity Name)	200181526762 06/17/1001048012 **35.00	
(Document Number)		
Certified Copies Certificates of Status	·	
Special Instructions to Filing Officer:		
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6.1820

COVER LETTER

TO: Amendment Section Division of Corporations		į
SUBJECT: PORMAR WA	TOPPROOFING Name of Corporation	'INC'
DOCUMENT NUMBER: P97 OC	21915	
The enclosed Statement of Change of Regis	tered Office/Agent and fee a	re submitted for filing.
Please return all correspondence concerning	this matter to the following	:
MARCIN	A TRIECLAY	· · · · · · · · · · · · · · · · · · ·
ROBHAR	VATERPRODE PO	Su INC.
1331 S. DIX	Address .	E 9B
POMPANO R	SEACH FL 33C City/State and Zip Code	160
ROBMA RWATER E-mail address: (to be	used for future annual re	port notification)
For further information concerning this mat	ter, please call:	
VANESSA CLAUEL Name of Contact Person	at (A SA Area Code) 788-7440 & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Secti Division of Corpo P.O. Box 6327	orations Divis	Address: dment Section ion of Corporations n Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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: ROBMAR WATERPROPINGING.
2. The principal office address: 1331 5. DIXIE HWY., SUITE 98
POMPANO BEACH, FL 33060
3. The mailing address (if different):
4. Date of incorporation/qualification: O4/07/1997 Document number: P97000031915
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)
AU FLORIDA FIRMLING.
SIB DELTONA BLVD., SUITE A.
DEITONA, FL 32725
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MARCIN D. TRACIAK
1331 S. DIXIE HULL, SUITE 93
POMPANO BEACH, FL 33060
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 porporation has been notified in writing of the change.
Signature of an officer or director Printed or typed name and title 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. Biginture of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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