P98000034006

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/25/07--01039--004 **35.00

COVER LETTER

Division of Corporations		
SUBJECT: Irrigation Masters of S. Fl., Inc. (Name of Co	rporation)	
DOCUMENT NUMBER: P98000034006		
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:	
Lynn A. Delaney (Name of Cont	ract Person)	
(Name of Com	act i eison)	
Irrigation Masters of S. Fl., Inc.		
(Firm/Company)		
17252 Alico Center Road		
(Addre	ess)	
Fort Myers, Florida 33967		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Lynn Delaney	at (941) 354-3444 (Area Code & Daytime Telephone Number)	
(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, 617.0 statement of change is submitted for a corporation or in order to change its registered office or resistered.			
The name of the corporation: Irrigation Masters of			
2. The principal office address: 17252 Alico Center R			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 04/14/98	Document number: P98000034006		
5. The name and street address of the current registere Florida Department of State:	ed agent and registered office on file with the		
Michael Belyea	<u> </u>		
1640 Tobias Street			
Naples, Florida 34117	Naples, Florida 34117		
6. The name and street address of the new registered a (if changed):	agent (if changed) and /or registered office		
17252 Alico Center Road Su	ite 3		
(P.O. Box NOT accept	able) P		
Fort Myers, Florida 33967			
The street address of its registered office and the str as changed will be identical.	eet address of the business office of its registered agent,		
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change.		
(Signature of an officer or director)	Michael Belyea-President (Printed or typed name and title)		
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the document is being filed merely to reflect a change in corporation has been notified in writing of this char	statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this n the registered office address, I hereby confirm that the		
mull	April 18, 2007		
(Signature of Registered Agent) If signing on behalf of an entity:	(Date)		
Michael Belyea			
(Typed or Printed Name) .			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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