## P98000106370

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| ☐ PICK-UP ☐ WAIT ☐ MAIL                 |
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| (Business Entity Name) .                |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
ALLAHASSEE, FLORIDI

or Minay

## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: Shelden Campbell Plumbing Inc. (Name of Corporation)                                    |
| DOCUMENT NUMBER: P9800100370   |
| 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:                        |
| Kenne L. Chaves (Name of Contact Person)   |
| Shelden Candoell Plumbing Inc. (Firm/Company)  |
| 2903 Maple 1200 Andress)   |
| Larreland, Fl. 33803<br>(City/State and Zip Code)  |
| For further information concerning this matter, please call:                                     |
| Kerneth Chaves at (863) 859-3623 (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 REGISTEREN AFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ   | •   |   |          |
|---|---|---|----------|
| in order to change its registered office or regist  | •   |   |          |
| 1. The name of the corporation: Shelden   | ampbell Plu   | moing, Inc.   |          |
| 2. The principal office address: 2903 ma  | plewood are   | nue Ji  |          |
| Lakeland, Florida 338   | £03   |   |          |
| 3. The mailing address (if different): O. O. Q.   | 2900 Lakelan  | d,F1. 33804   |          |
| 4. Date of incorporation/qualification: 12/21/190   |   | 98000106310   | <u> </u> |
| 5. The name and street address of the current registered a Florida Department of State:   | agent and registered office on                                | file with the   | .#:<br>• |
| Shelden Can   | nobell  | NAECE SECTION OF THE PROPERTY | **       |
| 7420 Oak 14   | aven DR.  | AR F  |          |
| Lakeland, Fl. 3   | 3810  | RY OR   |          |
| 6. The name and street address of the new registered age (if changed):  | nt (if changed) and /or registe                               | ered office 521   |          |
| Renneth Char  | ves   |   | \$       |
| 2903 Madewood (P.O. Box NOT acceptable)   | d Overue  | ·   |          |
| Lakeland, Fl. 3   | 3803  | <del></del>   |          |
| The street address of its registered office and the street as changed will be identical.  | address of the business offic                                 | ce of its registered agent,   |          |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no   | I by its board of directors or tified in writing of the chang | by an officer so  |          |
| (Signature of an officer or director)   | Kenneth C   | haves - Presione and title  | dent     |
| I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to refl hereby confirm that the corporation has been notified in |   |   |          |
| 16-CL   | 6-9-6   |   |          |
| (Signature of Registered Agent)   | (Date)  |   |          |
| If signing on behalf of an entity:  |   |   |          |
| Kenneth Chaves  |   |   |          |

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

(Typed or Printed Name)