

799000034976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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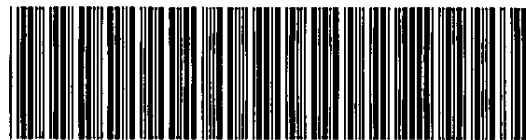
(Business Entity Name)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GULF COAST PLUMBING OF CENTRAL FLORIDA, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P99000034975

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:

**MICHAEL R. CAREY, ESQ.**

Name of Contact Person

**CAREY, O'MALLEY, WHITAKER & MUELELR, P.A.**

Firm/Company

**712 SOUTH OREGON AVENUE**

Address

**TAMPA, FL 33606-2516**

City/State and Zip Code

**MCAREY@COWMPA.COM**

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

For further information concerning this matter, please call:

**Vicki Bishop** at **813 250-0577**  
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

**CAREY, O'MALLEY, WHITAKER & MUELLER, P.A.**

ATTORNEYS AT LAW  
712 S. OREGON AVENUE  
TAMPA, FLORIDA 33606

RICHARD CAMPBELL  
MICHAEL R. CAREY  
ANGELA M. COVINGTON  
E. ASHLEY MCRAE  
RANDALL P. MUELLER  
ANDREW M. O'MALLEY  
MICHAEL P. QUINN  
DANIEL D. WHITAKER

TELEPHONE: (813) 250-0577  
FACSIMILE: (813) 250-9898

E-MAIL: [INFORMATION@COWMPA.COM](mailto:INFORMATION@COWMPA.COM)

September 3, 2014

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: *Change of Registered Agent*

Enclosed are the following:

- (1) Cover Letter;
- (2) Statement of Change of Registered Office or Registered Agent or Both for Corporations; and
- (3) Check No. 93451, in the amount of \$35.00

Vicki Bishop, Legal Assistant to  
Randall P. Mueller, Esquire and  
Richard B. Campbell, Esquire  
Carey, O'Malley, Whitaker & Mueller, P.A.  
712 South Oregon Avenue  
Tampa, Florida 33606  
Ph.: 813-250-0577; Fax: 813-250-9898  
Email Address: [vbishop@cowmpa.com](mailto:vbishop@cowmpa.com)

- ☐ Please sign and forward
- ☐ Please sign and return
- ☒ Enclosed for your handling
- ☐ For your approval and comments
- ☐ Enclosed pursuant to your request
- ☐ Please telephone for an appointment
- ☐ Please file original and return conformed copy
- ☐ Please come in to sign papers
- ☐ Please telephone me
- ☐ Please record
- ☐ Calendared for further action

**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: GULF COAST PLUMBING OF CENTRAL FLORIDA, INC.

2. The principal office address: 1923 TAMPA EAST BLVD., TAMPA, FL 33619

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

4. Date of incorporation/qualification: 04/13/1999 Document number: P99000034976

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)

G. BARRY WILKINSON, ESQ.

696 1ST AVE. NORTH, SUITE 201

ST. PETERSBURG, FL 33701

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

CAREY, O'MALLEY, WHITAKER & MUELLER, P.A.

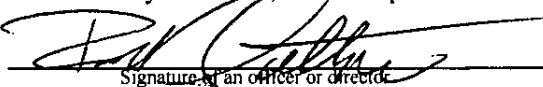
c/o MICHAEL R. CAREY, ESQ.

P.O. Box NOT acceptable

712 SOUTH OREGON AVENUE, TAMPA, FL 33606-2516

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.

  
Signature of an officer or director

ROBERT SUTTON 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.*

  
Signature of Registered Agent

9/3/14  
Date

If signing on behalf of an entity:

TREASURER

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 (03/12)

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