

P99000099709

SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC -9 PM 3:31

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

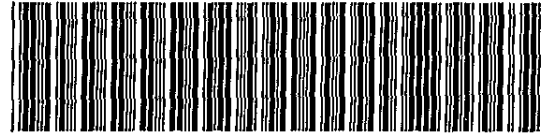
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PEAK PLUMBING INC.
(Name of corporation)

DOCUMENT NUMBER: P99000099709

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:

JOE RAMON
(Name of person)

Peak Plumbing Inc.
(Name of firm/company)

P.O. Box 771748
(Address)

CORAL SPRINGS, FL 33077
(City/state and zip code)

For further information concerning this matter, please call:

JOE RAMON (Name of person) at (954) 721-6426
(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
409 E. Gaines Street
Tallahassee, FL 32399

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.

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- 1. The name of the corporation: PEAK PLUMBING, INC.
- 2. The principal office address: 469 NW 79 Street
MIAMI, FL 33150
- 3. The mailing address (if different): P.O. BOX 771748
CORAL SPRINGS, FL 33077
- 4. Date of incorporation/qualification: 11-12-99 Document number: P99000099709
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JOE RAMBO
8213 NW 74 Ave
Jamarac, FL 33321

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

JOE RAMBO
469 NW 79 Street
(P.O. Box or personal mailbox NOT acceptable)
MIAMI, FL 33150

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]
(Signature of an officer, chairman or vice chairman of the board)

JOE RAMBO, 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]
(Signature of Registered Agent)

12-5-02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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