

Dec. 10. 2014 1:53PM

No. 0006 Pg. 1 of 1

**U69314**  
Florida Department of State  
Division of Corporations  
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Account Name : GRAY ROBINSON, P.A.  
Account Number : 075154001651  
Phone : (321) 727-8100  
Fax Number : (321) 984-4122

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mjconnor@cfi-rr.com

**REGISTERED AGENT CHANGE  
SAWYER PLUMBING OF BREVARD, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Help

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: Sawyer Plumbing of Brevard, Inc.
2. The principal office address: 580 Cox Road, Cocoa, FL 32926
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/07/1992 Document number: V69314
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)

Resigned

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

Bradley F. White, Esq

1795 W. Nasa Blvd.

P.O. Box NOT acceptable

Melbourne, FL 32901

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.

David A. Sawyer  
Signature of an officer or director

David A. Sawyer, 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.

David F. White  
Signature of Registered Agent

12/10/14  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
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