696610

(Requestor's Name)				
(Addr	ess)			
(Addr	ess)			
(City/s	State/Zip/Phon	ie #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
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04 MAY -3 AM IO: 28

ZIA Chos SMM 5/6/04

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		·
SUBJECT: Terry's Electric, Inc	. (Name of corporation	n)
OCUMENT NUMBER: 6966	10	
_ 	e of Registered Office/Agent and fe	re are submitted for filing
_	concerning this matter to the following	_
Lisa Reeves		
	(Name of person)	
National Registered Agen		<u>, </u>
	(Name of firm/company	7)
10985 Cody Street, Suite 11	8	
	(Address)	
Overland Park, KS 66210		
	(City/state and zip code	
For further information concerning	g this matter, please call:	·- ·
Lisa Reeves	at (913) 754-0637
(Name of p	erson)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made p	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

		0502, 607.1508, or 617.1508, Florida Statutes, th	is statement of
change is subm	in order		
to change its re	gistered office or registered agent, or b	ooth, in the State of Florida.	
1. The name of	the corporation: Terry's Electric, Inc	2.	· ·
2. The principal	office address: 600 N Thacker Aver	nue, Suite A, Kissimmee, FL 34741	· ·
3. The mailing	address (if different): 600 N Thacker	Avenue, Suite A, Kissimmee, FL 34741	
4. Date of incom	poration/qualification: 07/21/1981	Document number: 696610	<u> </u>
	d street address of the current registered rement of State:	d agent and registered office on file with the	
	Jeanne T. Quigley		
	600 N Thacker Avenue, Ste A		
	Kissimmee, FL 34741		3 3 3 3 3 3 3 3 3 3
6. The name an (if changed):		gent (if changed) and /or registered office	MAY -3 N
	NRAI Services, Inc.		AM IO: 21 OF STAT
	526 E. Park Avenue		0: 2: STAT CORE
	(P.O. Box or person	nal mailbox NOT acceptable)	
	Tallahassee, FL 32301	· · · · · · · · · · · · · · · · · · ·	
The street addr changed will b	ess of its registered office and the street identical.	eet address of the business office of its registere	d agent, as
Such change w	as authorized by resolution duly ador to corporation has been notified in wr	oted by its board of directors or by an officer so iting of the change.	authorized by
	Signature of an officer or director)	Thromas J. Depublic Printed or typed name and title	isk.
I hereby accept I further agree duties, and I an being filed mer been notified in NRAL Services	t the appointment as registered agent to comply with the provisions of all s n familiar with and accept the obliga- ely to reflect a change in the register writing of this change.	and agree to act in this capacity, statutes relative to the proper and complete perfition of my position as registered agent. Or, if the ed office address, I hereby confirm that the corp	Sec ZAATO formance of my his document is poration has
by: List	(Signature of Registered Agent)	4/21/09	
If signing on be	chalf of an entity:	/ \ 	
Lisa Reeves		Assistant Secretary	<u>.</u> -
	(Typed or Printed Name)	(Capacity)	

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