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LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	ASCO POWER TEC	<u>HNOLOGI</u>	IES, L.P.		
	Name of Limited Partnership or Limit	ted Liability Lin	nited Partnership		
2.	03/18/2004	3.	B0400000117		
Date of	filing/registration in Florida	i	Florida document number		
4. The name of t Department of St	he registered agent and the registered of ate:	ffice address as:	shown on the records of the Florida		
	C T CORPORATI	ION SYSTE	M		
	Name	·			
1200 SOUTH PINE ISLAND ROAD					
	Addres				
	PLANTATION	FL	90210		
	City, State a	nd Zip			
5. The name and	Florida street address of the new regist	ered agent and/o	or office:		
	Corporation Servi	ice Compan	y		
	Name	;			
	1201 Hays	Street			
	Florida street address (P.O		table)		
	Tallahassee	FL	32301		
	City, State a	nd Zip			
	is/are effective when filed by the Flor	·			
Signature of Gen	eral Partner PETER WEXLER, MEMBER C	ON BEHALF OF A	SCO POWER GP, LLC, GENERAL PAR	RTNE	
I hereby accept the comply with the p	he appointment as registered agent and provisions of all statutes relative to the provisions of my people and company of my people and Service Company	agree to act in t proper and comp	this capacity. I further agree to olete performance of my duties,		
Signature of Regi GRACE E. K	istered Agent				
ASSISTANT Filing Fee:	VICE PRESIDENT \$35.00				
Certified Con	v (optional): \$52.50				

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

i.	ASCO POWER TECH	HNOLOG	GIES, L.P	•
Nam	e of Limited Partnership or Limite	d Liability I	imited Partner	ship
2 03	/18/2004	3.	B0400	0000117
Date of filing/r	egistration in Florida	- \	Florida docu	ment number
4. The name of the regi Department of State:	stered agent and the registered off	ice address	as shown on the	e records of the Florida
	C T CORPORATION	ON SYST	EM	
-	Name		·	-
	1200 SOUTH PINE	ISLAND F	ROAD	
_	Address	<u> </u>		•
	PLANTATION	FL	90210	
_	City, State an	nd Zip		-
5. The name and Florid	la street address of the new registe	red agent an	d/or office:	M 2
	Corporation Service	ce Compa	any	一 一
	Name		·	7
	1201 Hays	PM 12: 03		
_	5 S			
	Tallahassee	FI	32301	
// //	City, State an		~ ~~~~~	-
	e effective when filed by the Flori	-		
Signature of General Pa	etner PETER WEXLER, MEMBER O	N BEHALF O	ASCO POWER	R GP, LLC, GENERAL PARTNER
I hereby accept the appe comply with the provision and I am familiar with a	ointment as registered agent and cons of all statutes relative to the plan accept the obligations of my poor Service Company	igree to act i roper and co	n this capacity mplete perforn	. I further agree to
GRACE E. KIRBY ASSISTANT VICE Filing Fee: Certified Copy (op	PRESIDENT \$35.00			