

F/0000005582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

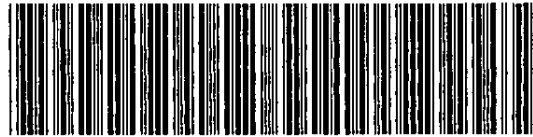
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/01/12--01003--024 **35.00

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12 JUN - 1 AM 8:31

LA Change

6-8-12

DL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Utility Management, Inc.
Name of Corporation

DOCUMENT NUMBER: 10000005582

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:

Jacqueline Lee
Name of Contact Person

International Corporate Solutions, Inc.
Firm/Company

1773 Western Avenue
Address

Albany, New York 12203
City/State and Zip Code

accessin@sprynet.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Lee at (518) 452-1873
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

Access Information Services, Inc.
International Corporate Solutions, Inc.

Date: 5-23-12

To Whom It May Concern:

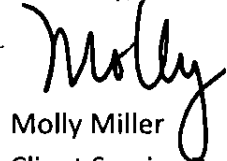
Please file the enclosed documents as soon as possible. The required Statutory Fee is also enclosed.

**If there are any problems with the filing(s), please HOLD them and contact
me TOLL FREE AT 800-388-1598**

Access Information Services, Inc. and International Corporate Solutions, Inc. are acting as agent for this Business Entity. Please return the FILED COPY(s) to us in the self-addressed, stamped envelope provided. Please do NOT return the filed copy to the Business Entity.

Thank you for your prompt attention to this matter.

Sincerely,



Molly Miller
Client Service Representative

| | |
|----------------------|------------------------|
| Filing Office: | FL Department of State |
| Number of Documents: | 1 |
| Statutory Fee: | 35.00 |

**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 IL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Utility Management, Inc.
2. The principal office address: 333 E. Butterfield Road, 3rd Floor Lombard, IL 60148
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/20/2010 Document number: F10000005582
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)

InCorp Services, Inc.

17888 67th Court North

Loxahatchee, FL 33470

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

International Corporate Solutions, Inc.

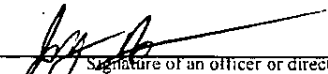
155 Office Plaza Drive

P.O. Box NOT acceptable

Tallahassee, FL 32301

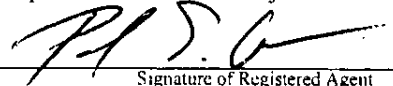
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Jeff Peterson - Secretary
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

09/10/12
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
CR2E045 (8/05)