## K47793

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates.of.Status					
Special Instructions to Filing Officer:					
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## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: E. B. Simmonds Electrical, Inc.  Name of Corporation					
DOCU	MENT NUMBER: K47793				
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:					
Bernie:-Simmonds					
Name of Contact Person					
E. B. Simmonds Electrical, Inc.					
Firm/Company					
3750 Enterprise Ave. #300					
Address					
Naples, FL 34104-3659					
City/State and Zip Code					
lyne@ebsimmondselectrical.com					
	E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
L	yne B. Simmonds 239 643-2770 at ( )				
	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  Street Address: Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	•	9502, 617.0502, 607.1508, or 617 oration organized under the laws o	
•		ffice or registered agent, or both, i	
1. The name of the	e comoration:	. Simmonds Electrical, I	inc.
2. The principal of	3750	Enterprise Ave #300	
		es, FL 34104-3659	
3. The mailing ac	ddress (if different):	same as above	
4. Date of incorp	oration/qualification: 11/	29/88 Document num	nber: K47793
	street address of the curre tment of State: (If resigned	nt registered agent and registered of l, enter resigned)	office on file with the
	E. B. Simmond	s	
	4406 Ex	change Are #18	<u> </u>
	Naples, FL 3	4104- 7024	9 NISIO
6. The name and (if changed):	street address of the new	registered agent (if changed) and /o	- 'J
	E.B. Sin	nmonds	(9 PH 12:
	3750 Ente	rprise Ave #300 P.O. Box NOT acceptable	
	Nadae 6	34104-3659	σ
	Waples, C		
The street address as changed will	ess of its registered office be identical.	and the street address of the busi	ness office of its registered agent,
Such change was authorized by th	as authorized by resolutione board, or the porporation	on duly adopted by its board of dir on has been notified in writing of	rectors or by an officer so the change.
Signatu	re or an other or ovector	F. B. Simme	onds Officer
I hereby accept I further agree of my duties, an document is bel corporation has	the appointment as regis to comply with the provis nd I am familiar with and ing filed merely to reflect s been notified in writing	tered agent and agree to act in the ions of all statutes relative to the accept the obligation of my posit a change in the registered office of this change.	nis capacity. proper and complete performance ion as registered agent. Or, if this address, I hereby confirm that the
(4/4)1	MANUEN	October 1	5, 2009
SIE SIE	graful of Registered Agent		Date
	ehalf of an entity:		
	E. B. Simmonds		
1	Typed or Printed Name		

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