

L000000007700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

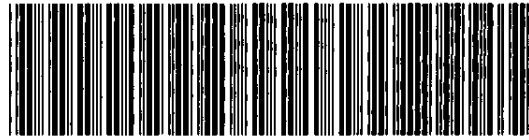
(Business Entity Name)

(Document Number)

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AUG 31 2011  
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2011 AUG 29 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEYMOUR POWERS CORPORATION, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACK D. GARAMELLA, ESQUIRE  
Name of Person

COLLINS, HANNAFIN, P.C.  
Firm/Company

148 DEER HILL AVENUE  
Address

DANBURY, CONNECTICUT 06810  
City/State and Zip Code

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

For further information concerning this matter, please call:

JACK D. GARAMELLA, ESQ. at ( 203 ) 744-2150  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

2011 AUG 29 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: SEYOUR POWERS CORPORATION, LLC

2. (a) Principal office address of limited liability company: C/O MACLEAN AND EMA

**(Note: MUST BE STREET ADDRESS)**

2600 NE 14TH STREET CAUSEWAY  
POMPANO BEACH, FLORIDA 33062

(b) Mailing address of limited liability company: C/O MACLEAN AND EMA

**(Note: MAY BE POST OFFICE BOX)**

2600 NE 14TH STREET CAUSEWAY  
POMPANO BEACH, FLORIDA 33062

JUNE 29, 2000

3. Date of filing/registration in Florida

L00000007790

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

SCOTT W. THORNTON, ESQ.

Registered Office Address:

MACLEAN AND EMA  
2600 NE 14TH STREET CAUSEWAY  
POMPANO BEACH, FLORIDA 33062

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

TIMOTHY H. KENNEY, ESQUIRE

**NEW Registered Office Address:**

120 BUTLER STREET

**(MUST BE FLORIDA STREET ADDRESS)**

SUITE B

WEST PALM BEACH, FL 33407

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

MELVYN J. POWERS

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**