M06000005676

(5)				
(Re	questor's Name)			
(Add	dress)			
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
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Special Instructions to	Filipa Officer:			
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Office Use Only



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ACCOUNT NO. : 072100000032

REFERENCE : 243444 7157369

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : September 25, 2007

ORDER TIME : 9:32 AM

ORDER NO. : 243444-705

CUSTOMER NO: 7157369

CHANGE OF AGENT

NAME: M.J. ELECTRIC, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

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. The name of the limite	d liability company is	: M.J. ELE	ECTRIC, LLC		
2. The mailing address of	the limited liability c	ompany is:_	100 West Sixth S	Street	
Media, PA 19063					
**			> 40 < 0.000 m < m <		
10/16/2006		<u>M06000005676</u>			
3. Date of filing/registrati	on in Florida		4. Document number	ber	
5. The name of the registe Florida Department of S		istered office	address as shown or	n the records of the	
	CT Cor	poration Sy	stem		
		Name			
	1200 Sou	uth Pine Isla Address	and Rd	4.0	
Address					
Plantation, FL 33324 City, State and Zip					
6. The name and address of	•			FILED PHIZ: 56 OT OCT 12 PHIZ: 56 SECRETARY OF STATE TALLAHASSEE. FLORI	
	<u>Corporation</u>	n Service C	ompany		
		Name			
	1201	Hays Stree	t	三世 の	
•	Florida street addres			Dr.	
	Tallahassee	FI.	32301		
		State and Zip			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreemen	tange or changes are rethe registered agent we seby confirmed that the litted liability company to feel the limited liability.	made, the Flo vill be identic te change(s) v y or as otherv ty company.	rida street address o al. Or, in the case o vas/were authorized	f the registered office of a Florida limited by an affirmative vote	
(Signature of a member or authori	zed representative of a memb	ber)			
Elizabeth A. Dawson, (Printed or typed name of signee)	Authorized Person	<u>n</u>			
I hereby accept the appoi comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relativ l accept the obligation his document is being that the limited liabil	agent and agi ve to the prop ns of my posi i filed to mere ity company i	ree to act in this cap er and complete per tion as registered as ly reflect a change i has been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.	
<u> </u>					
(Signature of Registered Agent)	Sylvia Queppet, As	sst. VP			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00