Linda Raptorelia Requester's Name * 6420 Benjamin Address Jampa, 3/3363 City/State/Zip Phone # CORPORATION NAME(S) & DOCUM	Office Use Only Office Use Only Office Use Only	Control of the Contro
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NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit	Amendment Resignation of R.A., Officer/Director	.*
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	e 1753 -
☐ Annual Report	☐ Foreign	
Fictitious Name	Limited Partnership Reinstatement	
	Reinstatement RA Chg, Trademark Other	·
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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, the undersigned corporation organized under the laws of the State of FLORIDA
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 corporation: SOLAR CITY, INC.
2. The mailing address of the corporation: 6420 BENJAMIN ROAD
3. Date of incorporation/qualification: 12/19/79 Document number: 648786
4. The name and address of the current registered agent and office:
- KOBERT B. Hicks, ESQ. 800
6420 BENJAMIN ROAN
TAMPA, FL 33634-5112
5. The name and address of the new registered agent (if changed) and/or registered effice (if changed):
(P. O. Box Not Acceptable) MICHAEL D. GINSBIERG ESO
11/1CHAELD. GINSBERG, ESQ. 33 %
TAMPA, I-L 33634-51/2
the state of the s
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.
(Signature of an officer, chairman or vice chairman of the board)
\mathcal{I}
HOBERT J. SCHABLES JR. PRESIDENT (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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
hilled & Landard 11-29-2000
(Signature of Registered Agent) (Date)
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)