

F/0000005522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

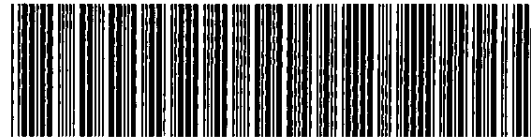
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11 OCT 27 PM 3:34

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMERICAN UTILITY MANAGEMENT, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F10000005582

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:

Anibal Torres  
Name of Contact Person

Article 9 Agents LLC  
Firm/Company

1773 Western Avenue  
Address

Albany, NY 12203  
City/State and Zip Code

atorres@a9a.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anibal Torres at ( 646 ) 833 - 3512  
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

**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)

BUSINESS FILINGS INCORPORATED

1203 GOVERNOR'S SQUARE BLVD, SUITE 101

TALLAHASSEE FL 32301-2960 US

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

InCorp Services, Inc.

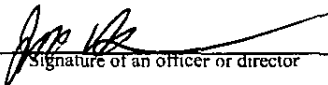
17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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

9/22/11  
Date

If signing on behalf of an entity:

Bianca Blazier  
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

**FILED**  
11 OCT 27 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Bianca Blazier and appoint and constitute said individual as my attorney-in-fact..

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which \* Article 9 Agents (A9A) \* have purchased agent service on through their account with Incorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, this Special Power of attorney shall become NULL and VOID from and after December 31, 2012.

Tennie Sedlacek  
Tennie Sedlacek, President

Dated: July 1, 2010

Signed in my presence this the 1st day of July 2010 by Tennie Sedlacek, State of <sup>Nevada</sup>~~Nevada~~. County of Clark

Crystal Temple  
Notary Public in the State of Nevada

