## 330289

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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DATE:

7/2/14

NAME:

WILLIAMS ELECTRIC CO., INC

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

statement of change	is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida In organized under the laws of the State of Ir registered agent, or both, in the State of	<u> FI</u>	orida
1. The name of the	corporation:	WILLIAMS ELECTRIC CO	., INC	)
2. The principal off	ice address:			
	5 Denton Blvd.	Fort Walton Beach	FL	32547-2150
3. The mailing addr	ess (if different):			
69	5 Denton Blvd.	Fort Walton Beach	FL	32547-2150
4. Date of incorporation/qualification: May 20, 1968 Document number:		330289		
5. The name and str Florida Departme	ect address of the current regis ent of State: (If resigned, enter	stered agent and registered office on file v	vith the	
	Willian	ns, Harvey L	_	
	695 D	enton Blvd	_	t
	Ft Walton B	leach, FL 32547		32 33
(if changed):	_	red agent (if changed) and /or registered o	ffice	CRETARY ( LAHASSEE
1	55 Office Plaza Dr	ive	-	)F S1
Ţ	allahassee, FL 3	Box NOT acceptable 2301	-	ATE )RIDA
The street address of as changed will be i	f its registered office and the dentical.	street address of the business office of i	ts regis	tered agent,
Such change was au authorized by the bo	thorized by resolution duly a pard, or the corporation has be	dopted by its board of directors or by an cen notified in writing of the change.  W Kim Connerley, Corp		
, ~	in affect ordinator appointment as registered agoningly with the provisions of a duties, and I am familiar with acument is being filed merely the corporation has been not	Printed or typed name and to tent and agree to act in this capacity. It statutes relative to the proper and con a and accept the obligation of my position to reflect a change in the registered offi tified in writing of this change.		gistered ess, l
Hear	gtoran	7/2/2014		
· ·	of Registered Agent	Date		
f signing on behalf	of an entity:			

## Sean Honan, Assistant Secretary

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 CR2E045 (03/12)