

518424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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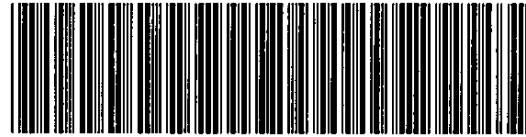
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Transistor Regulator Service, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 518424

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:

Marsha Jones  
(Name of Contact Person)

Randy Anderson CPA LLC  
(Firm/Company)

One W. McDonald Pkwy Suite 3B  
(Address)

Mayville KY 41056  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marsha Jones at ( 606 ) 564-6260  
(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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Transistor Regulator Service, Inc.
2. The principal office address: 817 Fleming Rd  
Maysville, KY 41056
3. The mailing address (if different): 8373 Stonelick Rd  
Maysville, KY 41056
4. Date of incorporation/qualification: 11-5-1976 Document number: 518424
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Candi Smith  
1404 Edgewater  
Orlando, FL 32804

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): (AS OF AUGUST 1, 2006)

Candi Smith  
3709 E Colonial Dr.  
(P.O. Box NOT acceptable)  
Orlando, FL 32803

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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.

Phyllis M. Reese President Phyllis Reese  
(Signature of an officer or director) (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.*

Carol White July 18, 2006  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Candi Smith  
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*