

736091

(Requestor's Name)				
(Address)	····			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT I	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	:			

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11/18/11--01018--022 **35.00



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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Florida Association of Ele	ectrical Contractors	. Inc.		
SOBJECT	SUBJECT: Florida Association of Electrical Contractors, Inc. Name of Corporation				
DOCUMENT N	IUMBER:	736091	·		
The enclosed Sta	atement of Change of Registered Off	fice/Agent and fee are subn	nitted for filing.		
Please return all	correspondence concerning this mat	ter to the following:			
	Cher Name of C	yl Hardy Contact Person			
Florida Assocition of Electrical Contractors, Inc. Firm/Company					
		Box 4304 ddress			
	Enterprise, City/State	FL 32725-0304 and Zip Code	·		
faec@iag.net E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
<u></u>	Cheryl Hardy lame of Contact Person	at (407) Area Code & Day	260-1511 rtime Telephone Number		
Enclosed is a \$3	5.00 check made payable to the Dep	artment of State.	·		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Division of C Clifton Build 2661 Execut	Section Corporations		

Tallahassee, FL 32301





November 21, 2011

CHERYL HARDY P.O. BOX 4304 ENTERPRISE, FL 32725-0304

SUBJECT: FLORIDA ASSOCIATION OF ELECTRICAL CONTRACTORS, INC.

Ref. Number: 736091

We have received your document for FLORIDA ASSOCIATION OF ELECTRICAL CONTRACTORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 211A00026296

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

statement of cha	nge is submitted for a corporation	17.0302, 607.1308, or 617.1308, Ftorida S is organized under the laws of the State of $\frac{1}{2}$ registered agent, or both, in the State of F	Florida
1. The name of t	he corporation: Florida Asso	ciation of Electrical Contracto	ors, Inc.
2. The principal	office address:	Interprise, 1 32725-0304	
	175 Hibisous	Lone, Deltona FL	327-38
3. The mailing a	ddress (if different): PO	ox 4304, Enterprise	2, FL 32725-
4. Date of incorp	poration/qualification: 11/14	/2011 Document number:	736091
	street address of the current registement of State: (If resigned, enter it	tered agent and registered office on file wiresigned)	th the
	Janice Ficarrotto - Resigne	ed	10 AQ
	315 Melody Lane, Casselb	perry, FL 32707	SEE P
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered off	2: 35 ORIDA
	Cheryl Hardy		_
	175 Hibiscus Lane, Delton	a, FL 32738	
	P.O.	Box NOT acceptable	
The street addre	ess of its registered office and the be identical.	street address of the business office of it	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	adopted by its board of directors or by an seen notified in writing of the change.	officer so
Signatur	e of an obteer or director	Cheryl Hardy, Executive Printed or typed name and tr	ve Director
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and con the obligation of my position as registere ge in the registered office address, I here thange.	nplete performance d agent. Or, if this by confirm that the
Sig	Nature of Bigistered Agent	Cheryl Hardy, Executiv	ve Director
If signing on be	half of an entity:		
	yped or Printed Name	-	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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