## 7420/2

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:  Corrules drumsent	
Correses drument by deliphne Can the 8/23/07	

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SECRETARY OF STATE
IALLAHASSEF, FI OPINA

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Independent Electrical Contract (Name of Corpo	tors-FWCC, Inc.
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
Keith F. Knowles	
(Name of Contact	Person)
Independent Electrical Contra (Firm/Compa	octors-FWCC, Inc.
4400 140th Ave. N, Ste. 170 (Address)	
Clearwater, FL 33762 (City/State and Zi	p Code)
For further information concerning this matter, please call:	
Keith F. Knowles  (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department	t 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

Tallahassee, FL 32314

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

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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: Independent Electrical Contractors-FWCC, Inc.
2. The principal office address: 4400 140th Ave. N, Ste. 170, Clearwater, FL 33762
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/16/78 Document number: 742012
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
_ MICHAEL .VANDERGRIFF
1406 N. 16TH ST
TAMPA, FL 33605
1406 N. 16TH ST  TAMPA, FL 33605  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Keith F. Knowles
4400 140th Ave. N, Ste. 170
(P.O. Box NOT acceptable)
Clearwater, FL 33762
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)  Gredany H. Wanten V. P. Director  (Printed or typed name and type)
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 corporalish has been notified in writing of this change.
Mellen 8/16/07
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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