## 790556

(Re	equestor's Name)	
(Ac	ldress)	<u></u> _
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer:		

Office Use Only



400250757514

08/20/13--01009--015 \*\*35.00

PA/Chy na 8.23,13

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SURJECT: Seminole Electric Cooperative, Inc.

Name of Corporation

NOCUMENT NUMBER. 790556

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:

Phoebe Broughton

Name of Contact Person

Seminole Electric Cooperative, Inc.

Firm/Company

16313 North Dale Mabry Highway

Address

Tampa, FL 33618

City/State and Zip Code

pbroughton@seminole-electric.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phoebe Broughton

,813

963-0994

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: Seminole Electric Cooperative, Inc.	
2. The principal office address: 16313 N. Dale Mabry Hwy, Tampa, FL 33618	
3. The mailing address (if different): P.O. Box 272000, Tampa, FL 33688	
4. Date of incorporation/qualification: 02/09/1948 Document number: 790556	
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)	
Timothy S. Woodbury	
16313 N. Dale Mabry Hwy	
Tampa, FL 33618  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Lisa D. Johnson  16313 N. Dale Mabry Hwy	
16313 N. Dale Mabry Hwy	
P.O. Box NOT acceptable  Tampa, FL 33618	
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.	
Malcolm V. Bage Malcolm V. Page, President 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 B12/2013  Date	
If signing on behalf of an entity:	
Lisa D. Johnson Typed or Printed Name	

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