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SECRETARY OF STATE

K. SALY DEC -7 2016

COVER LETTER

Division of Corporations			
SUBJECT: Southwest Electric	al Contracting Services, LTD.		
Name of Limited Partnership	or Limited Liability Limited Partnership		
DOCUMENT NUMBER:	B16000000125		
The enclosed Statement of Change of Registee(s) are submitted for filing.	tered Office and/or Registered Agent and		
Please return all correspondence concerning	this matter to:		
Robert Alton			
Contact Person			
Southwest Electrical Contracting Ser	vices, LTD.		
Firm/Company			
9435 East Loop 1604 Nort	h		
Address			
Converse, TX 78109			
City, State and Zip Code			
roberta@swecs.con	n		
E-mail address: (to be used for future annual re			
For further information concerning this matt	ter, please call:		
Robert Alton	at (210) 568-1636		
Name of Contact Person	Area Code and Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to	the Florida Department of State.		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P. O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL 32314		
Tallahassee, FL 32301			

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620,1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

ı. So	uthwest Electrical	Contracting	Services, LTI) .	
	me of Limited Partnership or				
2. Jui	ne 20, 2016	3,	B1600000		
Date of filing/registration in Florida Florida document number				number	
4. The name of the re Department of State:	gistered agent and the registe	red office address	as shown on the reco	ords of the Florida	
	Da	ve Koch			
		Name		_	
	8540 Via Lungo	mare Circle L	Init 203	55 29	
		Address		FER	į
	Estero	, FL 33928		発	
	City, S	tate and Zip		2016 DEC -5 SECRETARY	_
5. The name and Flor	ida street address of the new	registered agent a	nd/or office:	RY OF STATI	, C
	David	R. Koch		1.0 1.0 1.5	
		Name			
	5711 Halif	ax Ave., Unit	1	77	
	Horida street addres	s (P.O. Box not ac	ceptable)		
	Fort Myers	S 1	ղ33912		
	City.	State and Zip			
6. Such change(s) is:	are effective when filed by th	e Florida Departn	ient of State.		
Ax	South	west Electrical (ontracting		
Signature of General	Partner Service By:	es, Itd., a Texas Joe Davis, Geno	limited partnership ral Manager)	
comply with the provi	pointment as registered agei sions of all statutes relative t h an accept the obligations of	o the proper and e	complete performane		
Signature of Registers	ed Agent				
Filing Fee:	\$35,00				

Certified Copy (optional): \$52.50