

B16 000 000 125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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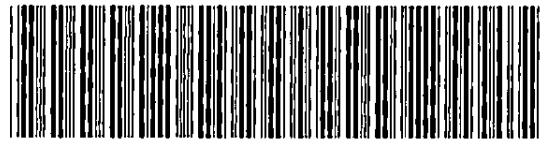
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Southwest Electrical Contracting Services, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B16000000125

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Arun Sharma

Contact Person

Southwest Electrical Contracting Services, Ltd.

Firm/Company

5711 Halifax Ave Unit 1

Address

Fort Myers, FL 33912

City, State and Zip Code

arun.sharma@swecs.com

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

For further information concerning this matter, please call:

Arun Sharma at (239) 309-0252

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS04 (01/06)

No Check

07/17/24 S.L.

**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.

1. Southwest Electrical Contracting Services, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 6/20/2016
Date of filing/registration in Florida

3. B16000000125
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Sean Krizen
Name
5711 Halifax Ave Unit 1
Address
Fort Myers, FL 33912
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Arun Sharma
Name
5711 Halifax Ave Unit 1
Florida street address (P.O. Box not acceptable)
Fort Myers FL 33912
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

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 an accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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SECRETARY OF STATE
FLORIDA