Requester's Name	······		
BOLIN ELECTRICAL CONTRACTOR 785 GREAT SOUTHWEST PARKWAY ATLANTA, GA 30336	RS, INC.		
City/State/Zip Phone #		800004625 -10/10/01 *****35.00	01040002
		Office Use Only	
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S),	(if known):	
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
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(Corporation Name)	(Document #)	······································	ORFORATION AMIL: 33
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NEW FILINGS			
Profit	AMENDMENTS Amendment		
 Profit Not for Profit Limited Liability Domestication Other 			
OTHER FILINGS	REGISTRATION	/QUALIFICATION	
 Annual Report Fictitious Name 	 Foreign Limited Partne Reinstatement Trademark Other 		z.

ATEMENT 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, the undersigned corporation organized under the laws of the State of ______GeorgiA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Bolin Electrical Contractors, Inc.

2. The mailing address of the corporation is: 785 Great South mtA, GA. 30336

3. Date of incorporation/qualification: <u>2-26-1998</u> Document number: 4. The name and address of the current registered agent and office:

ne Island #163

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) 639

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.

hature of an officer, chairman or vice chairman of the board) Delin

(Printed or typed name and title)

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Having been named as registered agent and to accept service of process for the above stated corporation, 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 agént. (Signature of Registered Agent)

If signing on behalf of an entity:

Michael K. C. (Typed or Printe		(Capacity)
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* * * FILING FEE: \$35.00 * * *