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Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : I20000000088 Phone : (800)221-0102

Phone : (800)221-0102 Fax Number : (212)564-6083

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REGISTERED AGENT CHANGE POWER EQUIPMENT MAINTENANCE, INC.

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

Pursuant to the	provisions of sections 607	.0502, 617.0502,	607.1 50 8, or 617.1.	508, Florida St	•		
_	nnge is submitted for a cor	· .	-		South Ca	rolina	
	ge its registered office or i	registered agent, o	or both, in the State	of Florida.			
1. The name of	· ·	en collegativ	T				
		ER EQUIPMEN	MAINTENANCE	, INC.			
2. The principal	office address:						
	110 PROSPERITY BLVI	3	PIEDMON	т	SC 2	9673	
3. The mailing a	ddress (if different):		_				
4. Date of incorp	poration/qualification:	05/19/2000	Document numb	er: F	00000000283	5	
	istreet address of the curre traint of State:	ent registered agen	t and registered off	ice on file with	the		
		C T CORPORAT	TION SYSTEM				
1200 SOUTH PINE ISLAND ROAD							
	PLANTAT	пом	FL	33324		2010	
i. The name and (if changed):	street address of the new	registered agent (i	f changed) and /or r	registered office		OMAY 24	
	Natio	nal Corporate F	Research, Ltd., In	с.		PH	
	515 East Park Avenue						
		(P.O, Bux NOT	acceptable)	-	illy:	No.	
	Tailahas	see	Fiorida	32301		. 	
he street addre s changed will	ss of its registered office : be identical,	and the street add	ress of the busines	s office of its r	egistered age	int,	
uch change was	s authorized by resolution e board, or the corporatio	ı duly adopted by n lıns been notifit	its board of directed in writing of the	ors or by an of change.	Ticer so		
Luite	. De Hill)_1 ndu	D.Elill	VP. Tin	ance	
(5)	gnatum: of an officer or director)			Printed or typed nea	ne and title)		
hereby accept to further agree to further agree to further agree to further, and accument is bein orporation has	the appointment as regists to comply with the provision of I am familiar with and a gifted merely to reflect a been notified in writing a	ered agent and ar ons of all statutes occept the obligat ochange in the re of this change.	gree to act in this c relative to the pro ion of my position gistered office add	apacity, per and compl as registered a ress, I herely (ete performa igent. Or, if confirm that	nce this the	
<u>-</u>	2)000	<u>-</u>		5/21/20	10		
(5	ilgnustre of Registered Agent)		 -	(Date)			
signing on beh	alfofon entity:						
	awson, Assistant Secr	etary					
•	(Typed or Printed Name)	T T MAN SPIN MAN	C. mag do 4 4 4				

* * * FILING FEE: **5**35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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