Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email	Address:

REGISTERED AGENT CHANGE UTILITY SUPPORT SYSTEMS, INC.

Certificate of Status	0
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Corporate Filing Menu

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AL MANAGER WAR

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cange is submitted for a corporation organized under the laws of the State of Georgia ler to change its registered office or registered agent, or both, in the State of Florida.	
•	the corporation: Utility Support Systems, Inc.	
	d office address: 2976 Chapel Hill Road, Suite 100, Douglasville, GA 30135	_
3. The mailing	address (if different):	_
4. Date of incom	rporation/qualification: 11/12/2004 Document number: F04000006577	
	artment of State: (If resigned, enter resigned) Business Filings Incorporated	
	Business Filings Incorporated	
	515 E Park Avenue	
	Tallshassco, FL 32301	1
6. The name ar (if changed):	nd street address of the new registered agent (if changed) and /or registered office	
,	C T Corporation System	
	e/o C T Corporation System, 1200 South Pine Island Road	
	P.O. Box NOT acceptable Plantation, Florida 33324	
=	ress of its registered office and the street address of the business office of its registered agent, it be identical. The identical street address of the business office of its registered agent, its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. Lauren Kreatz, Secretary	
	iters of an action of director Printed or typed name and title	
I hereby accept further agree performance of agent. Or, if the hereby confirm	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete of my dulles, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I must the corporation has been notified in writing of this change. Tammy Tolleroo	
Br. LAVY	ignature of Registered Agent VICO President Date	
If signing on b	behalf of an entity:	
	Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)